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Item 4 (a) of the provisional agenda*

Country programme document

Kingdom of Swaziland

Summary

The country programme document (CPD) for the Kingdom of Swaziland is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $6,075,000 from regular resources, subject to the availability of funds, and $13,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. The Kingdom of Swaziland is a small landlocked country with a population of 1.25 million, of whom over 48 per cent are under the age of 18 years. A gross national income of $2,930 per capita places the country in the lower-middle-income category, although, at 2.8 per cent[1] in 2013, the economic growth rate is among the lowest in the region. Slow growth is attributed mainly to limited investment inflows and high dependence on a small number of export commodities.

2. Despite its middle-income status, Swaziland continues to be characterized by high levels of inequality, further exacerbated by the high burden of HIV and AIDS, which also impacts child survival and development. While poverty levels decreased slightly between 2007 and 2010, from 69 to 63 per cent, they continue to remain high. Seventy per cent of children live in poverty, rising to 80 per cent for children who have lost both parents.[2]

3. Swaziland is on track to achieve Millennium Development Goals 3 (promote gender equality and empower women) and 6 (combat HIV and AIDS, malaria and other diseases).[3] However, faster progress is required for Goals 1 (eradicate extreme poverty and hunger), 2 (achieve universal primary education), 4 (reduce child mortality), 5 (improve maternal health) and 7 (ensure environmental sustainability).[4] Under-five mortality is high at 67 deaths per 1,000 live births,[5] as is maternal mortality at 593 deaths per 100,000 live births.[6] Three quarters of under-five deaths occur during the first year of life, and babies who survive at least one month account for three quarters of those in turn. The leading causes of under-five mortality are neonatal deaths (30 per cent), HIV and AIDS (15 per cent), pneumonia (14 per cent), diarrhoea (7 per cent) and injuries (4 per cent).[7] While some progress has been made on birth registration, rates remain low at 50 per cent.

4. In Swaziland, 75 per cent of children aged 12-23 months are reported to be fully immunized. The country has successfully introduced new vaccines to further contribute to the reduction of vaccine-preventable diseases. Good results are reported in the areas of antenatal care (76 per cent of pregnant women attend four antenatal visits) and skilled birth attendance (88 per cent), as well as in eliminating new HIV infections in children, with only 2 per cent of infants age 6-8 weeks living with HIV. However, the estimated rate of vertical transmission at 18 months of age is still high at 11 per cent. This is aggravated by weak postnatal identification and follow-up of mothers living with HIV and their HIV-exposed infants.

5. HIV and AIDS continues to remain the most pressing challenge facing Swaziland. The country has the highest rate of HIV prevalence in the world, with 26 per cent of 15-49-year-olds, or an estimated 190,000 people, living with HIV.[8,9]The rate is 31 per cent for women and 20 per cent for men. Overall, HIV

[1] http://www.worldbank.org/en/country/swaziland/overview.
[2] Multiple Indicator Cluster Survey (MICS) 2010.
[3] Draft United Nations country synthesis report, October 2014.
[4] Ibid.
[5] Multiple Indicator Cluster Survey (MICS) 2014.
[6] Demographic and Housing Survey, 2012.
[7] Inter-agency Group for Child Mortality Estimation, 2012.
[8] Swaziland Demographic and Health Survey (DHS), 2006-2007.
[9] UNAIDS currently estimates that over 190,000 people are living with HIV.

incidence has fallen by half between 2010 and 2015, from 4.6 to 2.3 per cent. High-risk population groups for new infections include women aged 18-19 years (incidence of 3.8 per cent), 20-24 years (4.2 per cent), women aged 35-39 years (4.1 per cent), and men aged 30-34 years (3.1 per cent).[10] There is a high incidence of tuberculosis linked to HIV, resulting in a co-epidemic affecting 1,287 per 100,000 people.[11] In children, tuberculosis and HIV co-infection drastically increases the risk of mortality.[12]

6. A consequence of the HIV epidemic is the extremely high number of children living without appropriate family care. Approximately 45 per cent of children fall into this category, 24 per cent having lost one and 5 per cent both parents.[13] While social protection spending accounts for 2.2 per cent of gross domestic product,[14] the system could benefit from better targeting, more comprehensive services and protection mechanisms and greater support to overcome child poverty and vulnerability.[15]

7. Chronic undernutrition remains a significant problem. The prevalence of stunting is 26 per cent in children under the age of 5 years, higher in rural (27 per cent) and specific geographic areas (27 per cent in Shiselweni and Lubombo regions). Forty-five per cent of women aged 15-49 years and 42 per cent of children aged 6-59 months have anaemia.[16] Major causes of poor nutrition include low rates of exclusive breastfeeding among infants aged 0-6 months (64 per cent), inadequate complementary feeding practices, low consumption of vitamin A, insufficient access to a variety of foods rich in other micronutrients, poor sanitation and hygiene and high disease prevalence. The negative lifelong effects and financial burden of stunting are significant. One illustration is higher rates of class repetition among stunted children, at 18.9 per cent compared with 14 per cent for children who are not stunted, at an additional cost of approximately $600,000 per year.[17] Overall, stunting is estimated to have cost Swaziland $25 million in lost economic productivity.

8. Swaziland has made significant progress in broadening access to primary education (grades 1-7) with a net enrolment rate of 96 per cent in 2012 (97 per cent for boys and 95.2 per cent for girls).[18] The repetition rate remains high at 16 per cent, affecting more boys than girls. At 76 per cent, the survival rate in primary school remains relatively low. Net enrolment at secondary level is extremely low at 27 per cent, coupled with a low retention rate, especially for boys.[19] Contributing factors include the cost of lower secondary school education, demand-side barriers including pressure for children to perform household chores instead of attending

[10] Swaziland Incidence Measurement Survey Study, 2011.

[11] World Bank, http://www.tradingeconomics.com/swaziland/incidence-of-tuberculosis-per-100-000-people-wb-data.html.

[12] Co-infection of tuberculosis and HIV in children carries a long-term mortality at 32 months that is 2-10 times higher than for tuberculosis alone. Dick J, Mbewe A et al.

[13] MICS 2010.

[14] Draft United Nations country synthesis report, October 2014.

[15] UNICEF situation analysis, 2013.

[16] According to the Micronutrient Initiative (2009), around 24 per cent of pregnant women and 45 per cent of women in general had anaemia (Hb<110 g/L). The 2006-2007 DHS reports 42 per cent of boys and girls age 6-59 months having some degree of anaemia. The Swaziland MICS report estimates that one fifth of perinatal mortality and one tenth of maternal mortality can be attributed to iron-deficiency anaemia.

[17] National Children's Coordination Unit, 2013.

[18] Australian Council for Educational Research.

[19] Ibid.

school, adolescent pregnancy and violence in and around schools. The quality of education also remains a concern, with challenges including a shortage of qualified teachers, weak governance systems and the lack of basic resources such as water, sanitation and hygiene (WASH) supplies and facilities in some schools. The education system would also benefit from programmes focusing on empowering children with life skills.

9. Early childhood development (ECD) is just beginning to be acknowledged as a critical contribution to building the country's social capital. Bottlenecks include a lack of integrated ECD policies and limited awareness among parents of the importance of the early years and insufficient skills to support the development of young children, all the more so for children with disabilities. Only 33 per cent of children aged 3-6 years are enrolled in preschool and there are significant rural-urban, geographical and wealth disparities in access; enrolment is 50 per cent for children from the wealthiest households, and only 21 per cent for children from the poorest households.[20]

10. Physical, sexual and/or emotional violence against children and adolescents continues to be a major problem, especially in the home. Approximately one in three females report experiencing sexual violence as a child, nearly one in four were exposed to physical violence and 3 in 10 experienced some form of emotional abuse.[21] A vast majority (89 per cent) of children aged 2-14 years reported having experienced at least one form of physical punishment at home.[22] While the national legislative framework is largely aligned with international human rights standards, more remains to be done to protect children, including the implementation of the Sexual Offences and Domestic Violence Bill. The Bill calls for adjustments in the allocation of resources, standards for services, professional training and the care and referral system, and accountability mechanisms for child protection. The One Stop Centre, located only in the capital city, offers a model of comprehensive response for violence survivors which should be scaled up across the country to increase the coverage of health, protection and counselling services for children and women.

11. Inadequate WASH practices affect family health and nutrition; poor results in this area contribute to about a quarter of under-five deaths. Some 40 per cent of children have been identified as being deprived of access to safe water and 20 per cent to adequate sanitation. The situation is further complicated by significant inequalities: 90 per cent of people in the wealthiest quintile have access to an improved water source, against 10 per cent for the poorest. Similarly, the corresponding estimates are 91 per cent for the urban population and 60 per cent for the rural. Access to adequate sanitation stands at 78 per cent, with 15 per cent of the population practising open defecation, a rate which is higher in rural areas (20 per cent).[23]

12. The National Disaster Management Authority develops and regularly updates plans and uses early warning systems to improve forecasting and safeguard against disasters. Threats include droughts, floods, wildfires, windstorms, hailstorms and disease outbreaks. The wide income disparities, high rates of youth unemployment,

[20] MICS 2010.
[21] A national study on violence against children and young women in Swaziland, 2007.
[22] MICS 2010.
[23] MICS 2010 and UNICEF situation analysis, 2013.

expanding peri-urban populations and limited access to economic opportunities are cause for concern.

13. The following lessons learned from the previous country programme contributed to the design of this country programme:

(a) The reclassification of Swaziland from the low- to the middle-income category has resulted in withdrawal of some traditional bilateral and multilateral partners, resulting in decreased inflows of development aid to the country. As a result, UNICEF and partners will need to adopt strategic and innovative approaches to mobilize and leverage resources for children and review the effectiveness of current allocations;

(b) Despite high coverage of basic social services in areas such as health, HIV and education, progress has not been sufficiently rapid in the areas of reducing mortality, HIV incidence, stunting and increasing educational attainment. This suggests that the quality and effectiveness of services should be areas of focus.

14. The limited availability of quality, timely and disaggregated data is a challenge, limiting effective planning, monitoring and budgeting for children as well as advocacy and leveraging efforts. UNICEF will focus on supporting national monitoring and evaluation systems including household surveys, studies, assessments and gap analyses to generate timely evidence to inform policy and programming decisions.

Programme priorities and partnerships

15. The Government of Swaziland and the United Nations country team agreed to adopt the Delivering as One modality in Swaziland in 2014. The country programme will contribute to the first, second and third pillars of the United Nations Development Assistance Framework (UNDAF) 2016-2020. The overall goal of the country programme is to contribute to national efforts to enable children, adolescents and women to realize their rights by progressively reducing disparities and inequities. To achieve this goal, the country programme will employ a mix of strategies, including:

(a) *Policy dialogue and advocacy* to strengthen legislative frameworks and policies and leverage resources for delivery of results for children;

(b) *Capacity development* for policy implementation, delivery of quality services and creation of demand for services;

(c) *Evidence generation*, including information management, and reporting to ensure that evidence is used to improve policies, programmes and accountability;

(d) *Innovation, South-South cooperation and communication for development* will be used to complement the other strategies, and enhance social accountability for children's rights, including empowering communities to demand services and promoting positive behaviours.

16. The country programme will comprise three components: (a) young child survival and development; (b) adolescent protection, learning and development; and (c) programme effectiveness. HIV programming will be at the heart of the country programme, as will ensuring an equity focus across all interventions, so that all

children have access to quality and inclusive services. Disaster risk reduction, including preparedness and response, will be mainstreamed in the programme components.

Programme component 1. Young child survival and development

17. This component will aim for the following outcome: by end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school. The programme will focus on strengthening national capacities to provide an essential package of high-impact HIV-sensitive integrated maternal, newborn and child health (MNCH) services to ensure healthy growth and development, particularly during a child's first 1,000 days of life.

18. In the area of MNCH, the programme will support strengthening the enabling environment to address priority issues including monitoring the implementation of standards, adoption of positive health practices and improved community outreach to hard-to-reach populations. The focus areas include:

(a) Strengthening application of standardized emergency obstetric and newborn care;

(b) Working with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and partners to support capacity strengthening in the area of eliminating new HIV infections in children and keeping mothers alive through the comprehensive four-pronged approach, with a particular focus on the provision of lifelong antiretroviral therapy to all pregnant women and lactating mothers living with HIV, and on paediatric HIV care and treatment, especially around bridging the gap between community-level care and health facilities;

(c) Improving full immunization coverage within the expanded programme on immunization and strengthening the cold chain to sustain the country's gains in lowering the incidence of vaccine-preventable diseases in children;

(d) Strengthening nutrition-specific and nutrition-sensitive interventions for children and mothers in coordination with other sectors, including scaling-up of the Baby-Friendly Hospital Initiative and appropriate infant and young child feeding practices;

(e) Promoting positive WASH practices and the community-led total sanitation model to eliminate open defecation;

(f) Strengthening national capacity to implement and monitor the National Strategic Plan on Civil Registration and Vital Statistics (CRVS) 2016-2020, which seeks to improve access and quality of birth registration services as part of the overall CRVS system.

19. In the area of ECD, the programme aims to increase access and coverage of integrated ECD services that meet national standards, especially for the most vulnerable children. This includes strengthening the capacities of the Government, parents and caregivers to provide appropriate early learning and nurturing approaches in formal and non-formal settings; and monitoring all ECD centres to ensure that they meet minimum standards on safety, care, nutrition and early stimulation, and integrate early learning and school readiness. The programme will also focus on strengthening the link between ECD referral systems and child health

and child protection services; and supporting families and caregivers to provide the best care and stimulation for young children.

20. To improve evidence generation, use and accountability, the programme will support strengthening the capacity of the health information management system (HMIS) to provide timely disaggregated data. The young child survival and development programme component will work in the framework of global and regional initiatives, including "A Promise Renewed", the Every Newborn Action Plan, the Scaling Up Nutrition (SUN) movement and the GAVI Alliance.

Programme component 2. Adolescent protection, learning and development

21. This component will aim for the following outcome: By the end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education. The focus will be on achieving results for adolescents through increased investment, better national coordination and the provision of services tailored to adolescents, particularly in the areas of protection against violence, education and quality learning outcomes, and HIV prevention, care and treatment.

22. Within the framework of the global UNICEF End Violence against Children campaign, the programme will support strengthening the enabling environment to prevent violence against children and adolescents, with a focus on national capacities to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and neglect of children. Implementation and awareness of the Children's Protection and Welfare Act and advocacy for enactment of the Sexual Offences and Domestic Violence Bill and its subsequent implementation will be prioritized. National guidelines for child protection systems including minimum standards for (residential) childcare facilities, referral mechanisms and case management of violence against children will be developed and implemented, and the capacity to identify, report and refer child rights violations and to ensure adequate provision of care for all vulnerable groups will be enhanced. Recognizing the limited coverage and quality of existing prevention and response services for violence against children, the programme will focus on making schools safe and protective for children through the implementation of the child-friendly schools initiative. The programme will also support the roll-out of the One Stop Centre model throughout the country and in all major hospitals, as well as testing and scaling up effective preventive interventions at community level. The programme will support the establishment of a toll-free child helpline to register cases of abuse and violence and provide effective referrals to support children and adolescents.

23. Within the area of education and quality learning, the programme will focus on redressing gaps in services for adolescents and the promotion of adolescent development, protection and citizenship. To promote timely transition between grades and improve retention in school, the programme will support better learning outcomes and teachers' capacities to implement child-friendly approaches in schools. UNICEF will continue to advocate for free basic education to support higher enrolment in lower secondary education. To strengthen evidence-based programming, planning and budgeting in the sector, UNICEF will support the education management information system for timely generation of data, and undertake relevant studies to better understand factors influencing out-of-school children and to support inclusion.

24. In the area of HIV prevention, care and treatment, the programme will seek to influence behavioural change among adolescents by mainstreaming HIV and AIDS education in primary and secondary schools, including through rolling out the recently developed comprehensive sexuality education and HIV curriculum in secondary schools, as well as programmatic approaches for life-skills education and sport for development. Support will be provided for the expansion of accessible HIV testing and counselling services targeting adolescents, with emphasis on HIV prevention, care and treatment. This part of the programme is part of global initiatives for the prevention of HIV and violence, including the "ALL IN! #End Adolescent AIDS" initiative.

Programme component 3. Programme effectiveness

25. This programme component supports programme delivery and managing for results and comprises: evidence generation and planning, monitoring and evaluation; social protection; and strategic communication, advocacy, resource mobilization and partnerships. This programme will be implemented in the following strategic areas.

26. Evidence generation and planning, monitoring and evaluation will support the country programme in monitoring results and targeting programmes to benefit the most excluded and disadvantaged children. In addition, child-centred research and evidence will be generated to inform policy decisions, and national capacities for generating timely, quality, disaggregated and gender-sensitive data will be strengthened.

27. In the area of social protection, UNICEF will advocate for targeted, equity-focused government social protection programmes to ensure that vulnerable children and adolescents have access to quality services. The social protection area will also focus on strengthening national and subnational capacities to deliver effective HIV-sensitive social protection programmes with linkages to key sectors such as health, education and child protection, resulting in a fully-budgeted national social protection programme, benefiting the most vulnerable children.

28. In the area of strategic communication, advocacy, resource mobilization and partnerships, UNICEF will nurture strategic partnerships to increase the momentum around child rights in Swaziland. New strategic alliances will be formed with the private and philanthropic sectors for development and innovation in specific programme areas. Cooperation with other middle-income countries in the region will continue to be prioritized, to generate and share knowledge and resources, mobilize resources and leverage support.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Young child survival and development	2 500	7 000	9 500
Adolescent protection, learning and development	3 000	5 000	8 000

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Programme effectiveness	575	1 700	2 275
Total	**6 075**	**13 700**	**19 775**

Programme and risk management

29. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

30. The country programme will be coordinated as part of the UNDAF, and will be implemented in cooperation with the Government of Swaziland, under the leadership of the Ministry of Economic Planning and Development and in collaboration with parastatal institutions, research institutions and universities.

31. UNICEF will monitor results through annual management plans, section work plans and internal annual and peer reviews with implementing partners to assess the key strategic, programmatic, operational and financial risks, and define appropriate risk control and mitigation measures. UNICEF will continue to monitor the effectiveness of governance and management systems, stewardship of financial resources and management of human resources. Management of the comprehensive harmonized approach to cash transfers will be strengthened as a way to mitigate risks in programme implementation.

32. With Swaziland a Delivering as One self-starter country, the Business Operations Strategy will be implemented to harmonize and reduce business operating costs. United Nations agencies will continue to share common premises and some common services, with security oversight provided by the United Nations Department of Safety and Security.

Monitoring and evaluation

33. Progress towards planned results will be monitored using the indicators contained in the results and resources framework (see annex), based on the UNDAF 2016-2020, the UNICEF Strategic Plan, 2014-2017 and the Eastern and Southern Africa regional management indicators. UNICEF will work with the Central Statistical Office and other relevant national institutions to effectively monitor progress towards national and international goals and to track inequities using timely and relevant data.

34. UNICEF will also work with partners to strengthen national monitoring and evaluation systems capacity to use data to monitor results by institutionalizing the concept of results-based management. Emphasis will be placed on improving programme performance monitoring, and creating feedback mechanisms contributing to systems strengthening through the mainstreaming of the UNICEF Monitoring Results for Equity System.

35. In coordination with the Government, UNICEF will conduct reviews of the country programme at mid- and end-term to determine programme impact. Periodic surveys, studies and research on key issues will be prioritized in the country programme. Additional research will be undertaken as needed to provide more in-depth analysis on key issues.

Annex

Results and resources framework

Government of the Kingdom of Swaziland — UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: All articles

National priorities: (related Millennium Development Goals, other internationally recognized goals, and/or national goals): All Millennium Development Goals and child-related sustainable development goals.

National Priorities: His Majesty's Government Programme of Action 2013-2018: *Vision 2022; Poverty Reduction Strategy and Action Plan (PRSAP); Swaziland National Development Strategy (NDS); extended National Strategic Framework on HIV (eNSF).*

UNDAF 2016-2020 outcomes involving UNICEF:

Outcome indicators measuring change that includes UNICEF contribution (UNDAF outcome indicators, copied verbatim from UNDAF)

Youth, women and vulnerable group's opportunity for employment, income generation and sustainable livelihoods increased by 2020.

- Percentage of children under 5 years stunted.
  Baseline (2014): 26% *Target* 20%

Children's and adolescents access to quality and inclusive education and retention in school increased by 2020.

- Percentage of children aged 36-59 months currently attending early childhood development and learning.
  Baseline (2014): 30% *Target*: 65%
- Lower secondary education (Net enrolment rate).
  Baseline (2012): 27% (female, 30%; male, 22%) *Target*: 80%
- Primary school survival rate.
  Baseline (2012): 76.4% (female, 78.3%; male, 73.7%) *Target*: 90%
- Repetition rate primary and lower secondary.
  Baseline (2012): 15.5% (female, 13.3%; male, 17.7%) *Target*: 9.5% (female, 9.25%; male 9.25%; female, 8.5%; male, 9.5%)

Families and communities' access to and uptake of quality health and nutrition services increased by 2020.

- Percentage of children aged 12-23 months vaccinated against childhood diseases.
  Baseline (2014): 75% *Target*: 95%
- Proportion of pregnancies with an antenatal visit in the first trimester.
  Baseline (2007): 26% *Target*: 50%
- Proportion of mothers and their babies receiving postnatal care within six weeks of delivery.
  Mother: Baseline (2014): 87% *Target*: 95%
- Percentage of children aged 0-6 months old exclusively breastfed.
  Baseline (2014): -64% *Target*: 80%

- Percentage of children aged 6-23 months receiving a minimum meal frequency of complementary foods.
  Baseline (2014): 81% *Target*: 90%
- Percentage of population practising open defecation.
  Baseline (2014): 10.7% *Target*: <1%

Youths' risky sexual behaviours reduced and citizens' uptake of HIV services increased by 2020.

- Percentage of young people aged 15-24 who report using a condom during first sex.
  Baseline (2010): female, 43%; male, 49% *Target*: female, 65%; male, 70%
- Percentage of adults and children currently receiving antiretroviral therapy (ART) among all adults and children living with HIV.
  Baseline (2013): 49.9% *Target*: 90%
- Mother-to-child HIV transmission rate at 18 months.
  Baseline (2013): 11% *Target*: <5%
- Teenage pregnancy rate.
  Baseline (2007): 25% *Target*: 7%

Related UNICEF Strategic Plan outcome(s): (from Strategic Plan 2014-2017)

1. **Health.** Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of health behaviours.
2. **HIV and AIDS.** Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents.
3. **Water, sanitation and hygiene.** Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices.
4. **Nutrition.** Improved and equitable use of nutritional support and improved nutrition and are practices.
5. **Education.** Improved learning outcomes and equitable and inclusive education.
6. **Child protection.** Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.
7. **Social inclusion.** Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

UNICEF Outcomes	Key Progress Indicators, Baselines and Targets	Means of Verification	Indicative Country Programme Outputs	Major Partners, Partnership Frameworks	Indicative resources by country programme outcome *(in thousands of US dollars)*		
					RR	**OR**	**Total**
1. YOUNG CHILD SURVIVAL AND DEVELOPMENT							
By end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school.	Percentage of children aged 12-23 months fully immunized. *Baseline (2014)*: 75% *Target*: 90% Percentage of children aged 0-6 months old exclusively breastfed. *Baseline (2014)*: 64% *Target*: 80% Percentage of children aged 6-23 months receiving a minimum acceptable diet of complementary foods. *Baseline (2014)*: 62% *Target*: 80% Percentage of population practising open defecation. *Baseline (2010)*: 15% *Target*: <1% Children born to mothers living with HIV who have acquired the virus through	Household surveys (DHS and MICS) Sector studies National budget	**Output 1.** Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved. **Output 2.** Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased. **Output 3.** Capacity of parents and caregivers to provide integrated quality ECD (early stimulation, learning, safety, care and nutrition) strengthened. **Output 4.** Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.	**Government** Ministry of Health; Deputy Prime Minister's Office; Ministry of Home Affairs; Ministry of Education and Training; Ministry of Economic Planning and Development **United Nations** UNAIDS WHO UNFPA UNESCO **Other** United States President's Emergency Plan for AIDS Relief (PEPFAR); Global Fund to Fight AIDS, Tuberculosis and Malaria;	2 500	7 000	9 500

	vertical transmission, at 18 months of age *Baseline (2013)*: 11% *Target*: <5% Birth registration rate *Baseline (2014)*: 54% *Target*: 80% Percentage of children under 5 years meeting relevant growth and developmental milestones (ECD index)* *Baseline (2014)*: 65% *Target (2020)*: 80% Percentage of children under age 5 years with two or more types of playthings that the child plays with: *Baseline*: 67% *Target*: 89% *(* ECD index is calculated as the percentage of children who are developmentally on track in at least three of four domains: literacy/numeracy; physical; and social/emotional and learning.)*			Civil society organizations (CSOs); Faith-based organizations (FBOs); Non-governmental organizations (NGOs); Academia; Media; Professional associations; Training institutes; Development partners **Partnership frameworks** *Committing to Child Survival: A Promise Renewed;* Scaling Up Nutrition (SUN); *Every Woman, Every Child* including the Every Newborn Action Plan; GAVI Alliance African Union Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics;			

2. ADOLESCENT PROTECTION, LEARNING AND DEVELOPMENT							
By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education.	Percentage of girls aged less than 18 years who experienced sexual violence. *Baseline (2010)*: 33% *Target*: 15% Percentage of adolescents aged 15-19 tested for HIV. *Baseline (2010)*: 57% *Target*: 90% Number of adolescents living with HIV who have initiated ART. *Baseline (2013)*: 2,000 *Target*: 15,000 Percentage of adolescent girls aged 15-19 years who had sex with a non-cohabiting partner in the last 12 months and reported using a condom at the most recent sexual encounter. *Baseline (2010)*: 66% *Target*: 86% Percentage of adolescent girls and boys aged 15-19 years with comprehensive HIV knowledge. Girls: *Baseline (2010)*: 56% *Target*: 80%	Household surveys (DHS and MICS) Sector studies	**Output 1.** Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened. **Output 2.** Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups. **Output 3.** Safe and protective environments in schools improved. **Output 4.** Adolescents completion of quality education increased. **Output 5.** Life-skills interventions to prevent adolescent pregnancy strengthened. **Output 6.** HIV prevention, care and treatment services for adolescents strengthened. **Output 7.** Capacity of primary and secondary educational institutions to disseminate	**Government** Ministry of Health; Deputy Prime Minister's Office; Ministry of Justice and Constitutional Affairs; Ministry of Education and Training; Ministry of Economic Planning and Development; Royal Swaziland Police Service; **United Nations** UNAIDS WHO UNFPA UNESCO **Other** PEPFAR; Global Fund to Fight AIDS, Tuberculosis and Malaria; CSOs; FBOs; NGOs; Academia; Media; Professional associations; Training institutes; Development partners;	3 000	5 000	8 000

	Boys: *Baseline (2010)*: 52% *Target*: 75% Percentage of children of secondary school age who are out of school *Baseline*: TBD* *Target*: 5% (*Survey to be conducted this year to inform baseline)		comprehensive knowledge on HIV and AIDS strengthened. **Output 8.** Perceptions, attitudes and knowledge on key harmful social norms improved.	**Partnership frameworks** Government of Swaziland Extended National Strategic Framework for HIV and AIDS (eNSF); *All In!* to #EndAdolescentAIDS initiative; *DREAMS* Initiative; *End Violence Against Children* Campaign (#EndViolence);			

3. Programme effectiveness							
By end of 2020, evidence generation and advocacy for evidence-based policy decisions enhanced.	Percentage of evaluation recommendations implemented. Percentage of GDP allocated to social protection. *Baseline*: 2.2% *Target*: 3.5%	Central Statistical Office Sector reports National budget	**Output 1**. Quality disaggregated and gender-sensitive data for evidence-based decisions available. **Output 2.** National capacity to develop an HIV- and child-sensitive social protection policy framework and action plan strengthened.	**Government** Deputy Prime Minister's Office; Ministry of Home Affairs; Ministry of Education and Training; Central Statistics Office; Ministry of Economic Planning and Development; **United Nations** UNDP WFP UNFPA **Other** European Union; World Bank; CSOs; FBOs; NGOs; Academia; Media; Professional associations; Training institutes; Development partners.	600	1 700	2 300
Total resources					**6 100**	**13 700**	**19 800**

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Country programme document

Zambia

Summary

The country programme document (CPD) for Zambia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $42,860,000 from regular resources, subject to the availability of funds, and $196,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Zambia is a stable democracy with a population of 14.1 million, of whom 53.4 per cent are under 18 years of age.[1] The estimated median age is 16.7 years (2015), which is one of the lowest in the region and globally. A high fertility rate of 5.7 children per woman[2] contributes to the annual population growth rate of 3.2 per cent.[3]

2. While 60 per cent of Zambia's people live in rural areas, the trend is being reversed as urban population growth significantly outstrips rural growth: between 2000 and 2010, the urban population increased by 51 per cent while rural population grew by 23 per cent.[4] Zambia's rapid population growth and urbanization are increasing pressure on peri-urban settlements, where challenges include scant infrastructure, high poverty rates and inequities in access to and quality of services in comparison with urban areas.

3. In 2013, Zambia was reclassified from the low-income to the middle-income country category. In 2014, the country also moved from the "low" to the "medium" human development category.[5] Strong economic growth has recently slowed, mainly due to the deterioration in global copper prices, but was still estimated to be 5.5 per cent in 2014.[6]

4. With three quarters of its population estimated to be living on less than $1.25 per day, this lower-middle-income country has high levels of inequity in income distribution.[7] Data suggest that income inequality is increasing, with the Gini coefficient moving from 0.507 in 2010 to 0.546 in 2013, and 0.575 in 2014.[8]

5. Growing income inequality especially impacts rural households with larger numbers of children. Extreme poverty in rural Zambia is, at 58 per cent, quadruple the urban rate (13 per cent), with wide geographic disparities.[9] While poverty rates have been declining, the numbers have been increasing, with an estimated 1.9 million more Zambians living in poverty in 2010 than in 1991. Of the 42 per cent of Zambians who live in extreme poverty, 59 per cent — 3.3 million — are children, and 85 per cent of those live in rural areas.[10] Persistently high rural poverty rates make achievement of Millennium Development Goal 1 — to halve poverty by 2015 — unattainable. Children bear a disproportionately large part of the cost of the failure to tackle poverty, which persists despite strong economic growth.

6. Impressive progress towards gender equity in primary schooling, where the female-to-male ratio shifted from 0.90 in 1990 to 0.99 in 2013, is undermined by the

[1] UNDP, *Human Development Report 2014*, Table 16; 2015 estimate.
[2] The regional average is 4.7. (2012). UNICEF (2014a), *The State of the World's Children 2014*, Table 6. DHS 2014 data indicate a reduced but still high rate of 5.3.
[3] Data for 2012-2020.
[4] Census data for 2010, cited in UNICEF Zambia (2014a), *Update of the Situation Analysis of Children and Women in Zambia*, Table 1.
[5] UNDP, *Human Development Report 2014*, Table 16; 2015 estimate.
[6] IMF (December 2014).
[7] UNDP (2014), Table 6.
[8] Table 3 of UNDP Human Development Reports for, respectively, 2010, 2013 and 2014. It was 0.421 in the 2006 report.
[9] UNDP (2013), *Millennium Development Goals Progress Report, Zambia 2013*, p. 16.
[10] UNICEF Zambia (2014a), pp. 42 & 53.

deterioration in the secondary education gender ratio, which fell from 0.90 to 0.84 during the same period. In addition, a weak gender ratio at the tertiary level (0.75), and literacy levels among 15-24-year-old females remaining below those for males in recent years signal that there continues to be room for improvement.[11] Zambia ranked 135th of 152 in the Gender Inequality Index.[12] Among the documented threats to the rights of the girl child are child marriage, with 31 per cent of 20-24-year-old females reporting being married by age 18; high teenage fertility (146 pregnancies per 1,000 15-19-year-old females); and adolescent mortality, with 15-19-year-old girls having a 44 per cent higher likelihood of mortality than boys of the same age, largely due to pregnancy complications, HIV prevalence and unsafe abortions.[13]

7. Barriers to achieving marked improvements in the situation of children are multiple and complex. Zambia is characterized by a development paradox: strong economic performance and political stability on the one hand, and persistent chronic poverty and high inequality on the other. Gender inequality, household poverty and expansion of peri-urban populations living in poverty signal the systemic nature of some of the significant bottlenecks to the realization of children's rights. The situation is further compounded by high population growth and a very young population overall. Even with good levels of social sector budgeting, the quality of and access to essential services for children and mothers remains uneven. This can be illustrated by improving but still high mortality rates (under-five mortality rate of 75 per 1,000 live births, neonatal mortality rate of 24 per 1,000 live births and a maternal mortality ratio of 398 per 100,000 live births);[14] improving but still very high stunting rates (40 per cent);[15] and persistent weaknesses in education performance (examination pass rates for English and mathematics in grades 5 and 9 below 40 per cent).[16] Immunization coverage for three doses of combined diphtheria/pertussis/tetanus vaccine has dropped since 2011 to below 80 per cent in 2014, with some districts reporting lower rates. An improved framework of national laws and policies for children and families needs to be supported with effective implementation. In addition, despite ongoing decentralization of key areas of public administration, households and communities are not sufficiently engaged in decisions that affect them, and challenges remain to external resource commitments due to the country's transition to middle-income status.

8. While not at high risk for emergencies, Zambia remains susceptible to natural disasters that increasingly expose vulnerable communities. Urban growth compounds this vulnerability.

9. Key lessons learned during the previous country programme period will serve to strengthen the current programme. These include the need to build sustainability by complementing service provision with efforts to enhance community awareness and demand for services, and to reinforce social accountability for improved results.

[11] UNDP (2013), p. 26.

[12] UNDP (2014), Table 4; 2013 estimates. http://hdr.undp.org/en/content/table-4-gender-inequality-index.

[13] Central Statistical Office et al (2014), *Zambia Demographic and Health Survey 2013-14* (DHS), Table 4.3; UNICEF Zambia (2014b), *A report card of Adolescents in Zambia*, pp. 40, 48.

[14] DHS (2014), Table 15.3.

[15] Ibid, Table 11.1.

[16] UNICEF Zambia (2014a), p. 149. Subsequent performance may even have started to trends downwards.

Innovations have the potential to aid efficiency in programmes, whether by generating data and evidence, e.g., real-time monitoring in sanitation, or by harnessing digital breakthroughs to support advocacy. It is also clear that cross-cutting strategies focused on social protection provide a means to address the intergenerational drivers of poverty, HIV risk and youth unemployment, and alleviate some of the vulnerability to national disasters and economic shocks. More broadly, the demonstrated willingness of the Government to adopt, invest in and scale up proven interventions that improve the reach, efficiency, effectiveness and accountability of services will also help inform the current programme.

Programme priorities and partnerships

10. The overall purpose of the country programme is to further the realization and protection of the rights of children, with a focus on building sustainable and efficient national and subnational systems characterized by sufficient capacity and effectiveness to achieve high-impact results. Programme development was informed by the challenges posed by high levels of poverty and inequality and low development indicators in the context of an economically and sociopolitically stable lower-middle-income country.

11. The programme is aligned with the overarching Government of Zambia — United Nations Sustainable Development Partnership Framework 2016-2021 and the UNICEF Strategic Plan, 2014-2017. It also takes into account the revised Sixth National Development Plan 2013-2016 and the post-2015.[17]

12. Core programme priorities focus on stronger realization of child rights: improved under-five child survival, with an emphasis on the neonatal period; reduced stunting; improved education quality and learning outcomes; and strategic social protection and child protection interventions to benefit the most vulnerable children and adolescents. Stronger programme convergence — in geographic and policy terms — is central to maximizing impact for children. Cross-sectoral coordination will be at the core of programme implementation strategies.

13. The strategies employed to implement the country programme will focus on strengthening institutional capacity and civil society partnerships for equitable and high-quality service delivery, with a particular focus on urban and peri-urban poverty, and on fostering community engagement to increase demand for quality services. Partnerships are central to the country programme, including enhanced community-level partnerships to support equitable access to services at the local level, and a greater focus on partnerships with young people, the private sector and the media, building alliances to mobilize society for change and to improve social accountability. The programme will emphasize stronger evidence generation, policy dialogue and advocacy, and enhanced targeting of interventions through improved monitoring and evaluation and knowledge management. This will be complemented by strategic South-South cooperation and learning, especially with other middle-income countries in the region, and greater emphasis on cross-sectoral coordination, both internally and with key implementing partners. Technological and other innovations will be employed and proven interventions scaled up to help accelerate progress.

[17] UNICEF (2014b), *A Post-2015 World Fit for Children*.

14. UNICEF will support the Government and civil society to improve understanding of children's rights and gender equality, including by promoting opportunities for the participation of adolescents and for their voices to be heard. Gender equality, disaster risk reduction and a focus on environmental sustainability and mitigating the effects of climate change will be mainstreamed across all programme components. Support will be provided to improve governance and accountability systems (with a focus on local and community levels), the use of subnational data to track the situation of children to inform planning, harnessing communication for development approaches for behaviour and attitude change (including concerning adolescent priorities), strengthening of coordination mechanisms and linkages across sectors (such as for stunting, early childhood development and school health), and technological innovations that accelerates real-time monitoring and service reach. UNICEF will support learning and innovation, including in pursuit of sustainable development goals that relate to children and in informing stronger external communication to enhance strategic partnerships.

15. The country programme consists of eight components aligned with the Strategic Plan: health; nutrition; HIV and AIDS; water, sanitation and hygiene (WASH); education; child protection; social inclusion; and programme effectiveness.

16. The **health** component will work towards the following outcome: by 2020, children (including newborns and adolescents) and pregnant women benefit from improved and equitable high-impact maternal, neonatal, child and adolescent health interventions and behaviours. This is anchored in the ambition to end preventable maternal and child deaths as espoused in the National Roadmap for Accelerating Reduction of Maternal, Newborn and Child Mortality 2013-2016. Health outputs focus on increasing maternal and newborn survival rates through health system strengthening, delivery of quality high-impact interventions and increasing service utilization, especially within the poorest performing districts and vulnerable peri-urban settlements. This will include measures to strengthen parental skills and growth promotion. Key results will include quantified improvements in antenatal care and skilled birth attendance; maternal and newborn postnatal care; immunization coverage and school-based health interventions; and expanded coverage in the treatment of children affected by diarrhoea, pneumonia, acute malnutrition and malaria.

17. The outcome for the **nutrition** component is: by 2020, children and mothers use high-impact nutrition interventions (services and practices) for reduction of stunting. The programme will operate under the Scaling Up Nutrition (SUN) framework, endorsed by Zambia in 2011, and will be aligned with the National Food and Nutrition Strategic Plan and the First 1,000 Most Critical Days Programme. It will prioritize reduction in stunting in children under 2 years of age by implementing an equitably targeted national package of proven high-impact nutrition interventions. Programme outputs will centre around the adoption of nutrition-sensitive national policies, strategies and plans in the agriculture, education, social protection and water and sanitation sectors, and scaling up the national package of direct nutrition interventions under the health sector. Among the key goals is reduction in stunting prevalence from 40 to 30 per cent.

18. The **HIV and AIDS** component has the following outcome: by 2020, children, adolescents, and pregnant women use quality, accessible and proven HIV prevention and treatment interventions. The programme will support implementation of the multisectoral National HIV and AIDS Strategic Framework aligned with the "three ones" principles,[18] and of the Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection. Programme outputs emphasize the enabling environment for scaling up HIV prevention, care, support and treatment for women, children and adolescents, with a particular focus on rights- and gender-sensitive quality services, enhanced awareness and demand for services, and the use of data and evidence to strengthen accountability and improve quality and reach. The key results are greater awareness, improved preventive practices, increased access to HIV testing and counselling and better coverage of antiretroviral therapy (ART) among pregnant women, children and adolescents living with HIV.

19. The outcome statement for the **WASH** component is: by 2020, children (including adolescents) and pregnant women, especially from rural and peri-urban areas, benefit from improved and equitable access to and use of systems that deliver safe drinking water, improved sanitation and improved hygiene practices. It maintains a focus on rural populations while expanding to vulnerable peri-urban communities. Interventions will focus on reaching minimum WASH standards nationwide and supporting the Government in developing and scaling up sustainable and pro-poor service delivery models, including routine surveillance mechanisms to monitor open-defecation-free status. The programme will support government capacities to create an enabling environment for more equitable supply of safe drinking water, adequate sanitation and good hygiene practices in rural, peri-urban and urban areas, and support children and families to access services and adopt appropriate hygiene practices. Key results include greater water and sanitation coverage, including WASH amenities in schools and health facilities, and the elimination of open defecation in all communities. The programme includes the roll-out of a management information system for the water supply and sanitation sector based on real-time monitoring with mobile-to-web technologies, and building capacity through innovative approaches to ensure the sustainable operation and maintenance of services.

20. The **education** outcome is that by 2020, boys and girls of school-going age demonstrate improved learning outcomes as a result of equitable and inclusive access to quality education. Under the leadership of the Ministry of Education, Science, Vocational Training and Early Education and in support of the Education Sector National Implementation Framework, the programme will prioritize access to quality early childhood education services and focus on strengthening educational quality and access, especially for the most marginalized children. Programme outputs emphasize strengthening access to quality learning from early childhood through to secondary level, with a focus on the transition of girls from primary to secondary education; improved monitoring and accountability; greater stakeholder demand for and participation in quality learning opportunities; and more inclusive education, incorporating lessons from the National Disability Survey. Key results include improved access to early learning, better enrolment and completion rates and readmission rates for female students after a pregnancy, and improved

[18] One agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisector mandate; and one agreed country-level monitoring and evaluation system.

assessment outcomes in grade 1 reading and in English and mathematics in grades 5 and 9.

21. The **child protection** component provides that by 2020, children benefit from a system that ensures integrated, improved and equitable prevention of and response to violence, abuse, exploitation and neglect. The strategic focus will be on strengthening the child protection system — prevention of and appropriate response to violence, child-sensitive justice practices and improved standards of alternative care — and on birth registration, which, with a rate estimated at 11 per cent, continues to be very low. The programme includes partnerships for prevention of child marriage and violence against children, improved sexual and reproductive health services, alternative care for children and solutions for children in conflict with the law. Programme outputs support strengthening the child protection system, responses to children in conflict with the law in line with the principles of justice for children, an accessible institutionalized birth registration system and improved duty-bearer capacities to practise protective behaviours towards children. Key results include quantitative reductions in sexual violence against girls, improved use of diversionary responses in the justice system, increased rates of birth registration, decreased residential placements of children and reduced rates of child marriage.

22. The **social inclusion** component seeks to address persistent poverty and inequality by working towards the following outcome: vulnerable children and families benefit from and participate in a strengthened government response to poverty and vulnerability. The programme prioritizes expansion of the social cash transfer programme, social protection coordination, social budgeting, social accountability; and policy implementation, planning, budgeting and monitoring, informed by evidence and data on child poverty and exclusion. Improved integration and coordination of child-focused social protection services, including social cash transfers, will be complemented by enhanced capacities of children, families and communities to access and participate in social sector service delivery processes. This will include advocacy and technical guidance within the Government's decentralization framework. Increased evidence-based advocacy and communication will aim to build political commitment to and accountability for the improved quality and inclusiveness of social policies, give explicit attention to sustained increases in social sector budget outlays, and embrace opportunities for child and adolescent participation. Key results comprise reduction in the proportion of children living in poverty, improved access to social transfers by children and households living in extreme poverty, and trends in government expenditure for the social sectors.

23. **Programme effectiveness** ensures efficient and effective programme management and operations support for the entire country programme. Key results include compliance with UNICEF performance and management standards for effective programme interventions, such as timely completion of high-quality evaluations and donor reporting obligations.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	4 100	60 498	64 598
Nutrition	2 250	14 350	16 600
HIV and AIDS	3 650	13 000	16 650
Water, sanitation and hygiene	5 000	42 000	47 000
Education	5 800	17 500	23 300
Child protection	5 800	14 750	20 550
Social inclusion	3 500	22 500	26 000
Programme effectiveness	12 760	11 402	24 162
Total	**42 860**	**196 000**	**238 860**

Programme and risk management

24. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

25. The country programme will be implemented within the United Nations Sustainable Development Partnership Framework, with which its programme components and outcomes are aligned. The country programme takes into account major risks in social sector financing. These include a high likelihood of lower aid inflows linked to Zambia's middle-income country status; possible changes in Zambia's capacity to finance its development given its economic dependency on price-volatile mineral exports; and risks in governance, accountability and effective use of resources. Government capacity to expand and retain human resource skills across key sectors remains a key risk. Informed by these risks, UNICEF, together with the United Nations country team, will support the Government to strengthen capacities, monitor trends, expand partnerships and consider innovative development financing solutions. The focus will continue to be on low-cost, high-impact interventions, risk-informed programming, and enhancing household and community resilience. Financial risks will be managed through macro- and micro-assessments, external audits and the harmonized approach to cash transfers.

Monitoring and evaluation

26. Programme implementation will occur within the Partnership Framework through the results groups and the monitoring and evaluation working group as per the Delivering as One standard operating procedures. An integrated monitoring and evaluation plan will guide both situational monitoring and programme performance monitoring and management. Specific operations research will be commissioned to

inform programming in emerging priority areas. Programme-specific evaluations will be conducted to provide evidence for scale-up and advocacy responses. The update of the situation analysis for children and the midterm review of the country programme are scheduled for 2018.

27. UNICEF, together with partners, will support efforts towards a government-wide monitoring and evaluation system supported by integrated management information systems. The Central Statistical Office will be supported to generate and disseminate data for use for enhanced accountability, evidence-based planning and decision-making. Support will be provided to the Zambia Monitoring and Evaluation Association to strengthen national evaluation capacity. An equity-focused analysis of bottlenecks leading to identification of priorities will inform this country programme. UNICEF will promote the use of real-time data for rapid feedback, intervention adjustment and social accountability. Partnerships toward the establishment of a child rights observatory function will be explored, especially through regional South-South cooperation.

Annex

Results and resources framework

Government of Zambia-UNICEF country programme of cooperation, 2016-2020

Partnership Framework outcomes involving UNICEF:

- **Pillar 1**: Inclusive social development (with the measure of transformative success being the proportion of young people who share the assertion that their future will be better than that of the previous generation)

  Outcome 1.1: By 2021, the Government of Zambia and partners deliver equitable, inclusive, quality and integrated basic social services.

  Outcome 1.2: By 2021, marginalized and vulnerable populations demand and utilize quality and integrated basic social services.

- **Pillar 3**: Governance and participation (with the measure of transformative success being the proportion of young people (age 15-35) who state that they participate in Zambia's democratic system and processes freely and that they work for the people)

  Outcome 3.1: By 2021, the national statistical system generates and disseminates disaggregated data for evidence-based national development processes.

  Outcome 3.2: By 2021, national institutions at all levels target, manage, coordinate and account for resources for equitable service delivery and economic growth that is based on reliable data.

  Outcome 3.3: By 2021, all people in Zambia, including women, youth and marginalized have equitable and effective participation in national and local democratic processes.

  Outcome 3.4: By 2021, all people in Zambia, including the large number of marginalized and vulnerable people, have greater understanding of their rights and are able to claim them, have greater human security, have access to justice and have equal opportunity under the law.

UNICEF Outcomes	Key Progress Indicators, Baselines and Targets	Means of Verification	Indicative Country Programme Outputs	Major Partners, Partnership Frameworks	Indicative resources by Outcome *(in millions of United States dollars)*		
					RR	OR	Total
1. HEALTH							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
Related UNICEF Strategic Plan Outcome: 1. Health							
By 2020, children (including newborns and adolescents) and	Proportion of pregnant women attending at least four antenatal care visits	DHS	1. Increased government capacity to plan for, deliver and	Ministry of Health (MoH); Ministry of	4.1	60.498	64.598

pregnant women benefit from improved and equitable high-impact maternal, neonatal, child and adolescent health interventions and behaviours.	*Baseline*: 56% (DHS 2014); *Target*: 80%		manage a health system characterized by equitable funding and human resource distribution, locally-responsive and risk-informed planning, sound supply chain management, and use of monitoring data to inform action, innovation and accountability. 2. Improved supply and demand for quality maternal, newborn, child and adolescent health services, including management of malaria, pneumonia and diarrhoea in marginalized and underserved communities. 3. Increased government capacity to plan for, manage and deliver timely and reliable immunization services, particularly in marginalized communities.	Community Development, Mother and Child Health (MoCDMCH); Ministry of Education, Science, Vocational Training, and Early Education (MoESVTEE); WHO; GAVI; Global Fund to Fight AIDS, Tuberculosis and Malaria; USAID, UNFPA; World Bank; JICA; SIDA; DFID; EU; communities			
	Skilled birth attendance *Baseline*: 64% (DHS 2014); *Target*: 80%	DHS					
	Coverage of children fully immunized by 1 year of age *Baseline*: 68% (DHS 2014); *Target*: 80%	DHS					
	Proportion of women with a live birth who receive postnatal care within 48 hours of birth *Baseline*: 63% (DHS 2014); *Target*: 90%	DHS					
	Proportion of children aged 0–59 months with diarrhoea treated with oral rehydration salts (ORS) and zinc *Baseline*: ORS/Zinc data not available; ORS only is 64% (DHS 2014); *Target*: 80%	DHS					
	Proportion of children aged 0–59 months with suspected pneumonia treated with appropriate antibiotics *Baseline*: 68% (DHS 2014); *Target*: 80%	DHS					
	Proportion of children aged 0–59 months with malaria treated with artemisinin-based combination therapy or other appropriate antimalarial drugs *Baseline*: 68% (DHS 2014); *Target*: 80%	DHS					

2. NUTRITION							
Relevant articles of the Convention on the Rights of the Child: 24.							
Related UNICEF Strategic Plan Outcome: 4. Nutrition.							
By 2020, children and mothers use high-impact nutrition interventions (services and practices) for reduction of stunting.	Proportion of children less than 5 years stunted *Baseline*: 40% (2013); *Target*: 30% (National target – Sixth National Development Plan).	DHS	1. Increased national capacity to operationalize policy provisions for delivery of scaled-up equity-focused, multisectoral high-impact nutrition interventions, including in humanitarian situations. 2. Children, caregivers and communities in selected districts apply optimal nutrition and care practices, seek preventive, promotive and curative nutrition services, with focus on the first 1,000	MoCDMCH; MoH; National Food and Nutrition Commission; DFID; Irish Aid; SIDA, Scaling Up Nutrition (SUN); CSO Coalition SUN National Movement; National Food and Nutrition Strategic Plan; The First 1,000 Most Critical Days National Programme	2.25	14.35	16.60
	Proportion of children breastfed within one hour of birth (timely initiation of breastfeeding) *Baseline*: 65.8% (DHS 14); *Target*: 80% (National target for low-birth-weight babies, Infant and Young Child Feeding Strategy 2014–2018.)	DHS					
	Proportion of children aged 0–5 months exclusively breastfed *Baseline*: 72.5%; *Target*: 80% (National target, Infant and Young Child Feeding Strategy 2014–2018.)	DHS					
	Proportion of breastfed children aged 6-24 months fed a minimum acceptable diet (feeding frequency and number of food groups) *Baseline*: 44%; *Target*: 70% (National target, Infant and Young Child Feeding Strategy 2014–2018.)	DHS					
	Proportion of population consuming adequately iodized salt at household level	National Food and Nutrition Commission 2011					

	Baseline: 61% (DHS 2014); *Target*: above 90% (National target, Elimination of Iodine Deficiency Disorders Strategic Plan 2012–2016)		days of life, and are actively involved in monitoring and planning actions on the nutritional status of children.				
	Prevalence of anaemia in children under 5 *Baseline*: 55% (2012); *Target*: 45% TBC	National Malaria Survey					
3. HIV and AIDS							
Relevant articles of the Convention on the Rights of the Child: 6, 24.							
Related UNICEF Strategic Plan Outcome: 2. HIV and AIDS.							
By 2020, children, adolescents, and pregnant women use quality, accessible, and proven HIV prevention and treatment interventions.	Proportion of pregnant women living with HIV receiving ART *Baseline*: 40% (2014); *Target*: 90%	HMIS	1. Strengthened leadership, commitment, accountability and capacity to provide essential rights- and gender-sensitive HIV information, and equitable prevention and treatment services for women, children and adolescents, including in humanitarian situations.	MoCDMCH; MoH; National AIDS Council (NAC); Global Fund; Accelerating Children's HIV/AIDS Treatment Initiative (ACT)/ PEPFAR; DREAMS Initiative (Determined, Resilient, AIDS-free, Mentored, and Safe; Comprehensive HIV/AIDS Management Program (CHAMP)	3.65	13.00	16.65
	Proportion of children aged 0–14 years living with HIV receiving ART *Baseline*: 41% (2014); *Target*: 90%	HMIS					
	Proportion of eligible adolescents living with HIV on treatment *Baseline*: Age-disaggregated data not available; *Target*: 90%	HMIS					
	Eligible 10–19-year-olds males receiving voluntary medical circumcision *Baseline*: 294,466; *Target*: 682,815	HMIS					
	Condom use at last sexual intercourse among 15–19-year-olds who had sexual	DHS					

	intercourse in the last 12 months. (Reported condom use among adults is 55% (2013).) *Baseline*: male 43% / female 37% (DHS 2014); *Target*: 90%		2. Increased national capacity to gather and utilize data and evidence for participatory, informed and responsive quality sexual and reproductive health, HIV prevention, treatment and care services for mothers, children and adolescents.				
	Proportion of sexually active adolescents aged 15–19 who had an HIV test and received their result in the past 12 months *Baseline*: male 29% / female 50% (DHS 2014); *Target*: 90%	DHS					
	Proportion of first-time HIV tests conducted on under-15 year olds annually *Baseline*: 3.2% (of which, male 51.4%, female 48.6%) (2014); *Target*: 5%	HMIS					
4. WATER, SANITATION AND HYGIENE							
Relevant articles of the Convention on the Rights of the Child: 24.							
Related UNICEF Strategic Plan Outcome: 3. Water, sanitation and hygiene.							
By 2020, children (including adolescents), and pregnant women, especially those from rural and peri-urban areas, benefit from improved and equitable access to and use of systems that deliver safe drinking water, improved sanitation and improved hygiene practices.	Proportion of population using an improved drinking water supply *Baseline*: 63%; *Target*: 80%	UNICEF/WHO Joint Monitoring Programme reports, MoLGH databases (DHIS2), Baseline assessment (UNICEF, 2013), EMIS, HMIS	1. Strengthened national capacity to legislate, coordinate, plan, deliver and monitor scaled-up and sustainable rights- and gender-sensitive interventions to promote safe drinking water, adequate	Ministry of Local Government and Housing (MoLGH); Ministry of Chiefs and Traditional Affairs (MoCTA); MoCDMCH; MoH; MoESVTEE Civil society, cooperating partners, private sector	5.0	42.0	47.0
	Proportion of households with functional basic hand-washing facilities *Baseline*: 30%; *Target*: 60%						
	Proportion of population with access to improved sanitation *Baseline*: 58%; *Target*: 75%						
	Proportion of population not practising open defecation *Baseline*: 84%; *Target*: 100%						

	Proportion of districts with the capacity to provide sustainable operation and maintenance of water supply and sanitation services *Baseline*: 20%; *Target*: 60%		sanitation and good hygiene practices in urban and rural areas. 2. Enhanced support for children, including adolescent girls, and families leading to sustained use of safe drinking water, adoption of adequate sanitation and hygiene practices and the elimination of open defecation by 2020. 3. Increased national capacity and resources to provide safe water and sanitation facilities at health and education institutions.				
	Proportion of schools meeting minimum WASH standards *Baseline*: 12%; *Target*: 50%						

5. EDUCATION							
Relevant articles of the Convention on the Rights of the Child: 28, 29.							
Related UNICEF Strategic Plan Outcome: 5. Education.							
By 2020, boys and girls of school-going age demonstrate improved learning outcomes as a result of equitable and inclusive access to quality education.	Completion rates at grades 9 and 12: <u>Grade 9</u> *Baseline*: boys 65.9% / girls 57.1% (2013) *Target*: boys 75% / girls 68% <u>Grade 12</u> *Baseline*: boys 34.1% / girls 27.9% (2013) *Target*: boys 40% / girls 35%	Education Statistical Bulletin	1. Strengthened political commitment and accountability to improve, monitor and promote access to age-appropriate, quality early learning opportunities. 2. Increased capacity at national and subnational levels to deliver, monitor and sustain equitable access to quality primary and secondary education, particularly for marginalized children.	MoESVTEE, MoCDMCH, MoLGH, Ministry of Gender and Child Development (MoGCD) Local communities, local and international NGOs, quasi government institutions, private sector	5.8	17.5	23.3
	Proportion of grade 1 entrants with 1–3 years of organized pre-schooling *Baseline*: 14.7% (2013); *Target*: 30%	Education Statistical Bulletin					
	Gender parity index at secondary level (grades 10–12) *Baseline*: 0.84 (2013); *Target*: 0.90	Education Statistical Bulletin					
	Proportion of students attaining at or above the minimum standard of achievement (grade 5, grade 9) <u>Grade 5</u> Proportion of learners at or above minimum standard of achievement in grade 5 national assessments (English and mathematics) English: *Baseline:* boys, 32.0% / girls, 33.2% (2014); *Target*: 40% Mathematics: *Baseline*: boys, 36.1% / girls, 35.6%	Examination Council of Zambia Reports and Education Statistical Bulletin Reports					

	(2014); *Target*: 42% Grade 9 Proportion of learners who attain at least Division III results in English and mathematics in grade 9 national examination English: *Baseline*: boys, 37.5% / girls, 40.6% (2014); *Target*: boys, 41% / girls, 48% Mathematics: *Baseline*: boys, 32.2% / girls, 27.7% (2014); *Target*: boys, 32% / girls, 33%		3. Increased community demand for and participation in quality learning opportunities, with equitable access for disadvantaged and marginalized children.				
6. CHILD PROTECTION							
Relevant articles of the Convention on the Rights of the Child: 1, 2, 3, 5, 7, 9, 12, 19, 20, 21, 23, 25, 32, 34, 35, 37, 39, 40.							
Related UNICEF Strategic Plan Outcome: 6. Child protection.							
By 2020, children benefit from a system that ensures integrated, improved and equitable prevention of and response to violence, abuse, exploitation and neglect.	Proportion of girls aged 15-19 years who have experienced any form of sexual violence *Baseline*: TBD (Q4 2015 data); *Target*: 20% reduction	H-Well	1. Improved capacity of state and non-state actors to prevent and respond to violence against children. 2. Enhanced government and partners' capacity to provide alternative care services	MoGCD, MoCDMCH, Ministry of Home Affairs (MoHA), MoCTA, Ministry of Justice, MoH, MoESVTEE, Ministry of Youth and Sports, United Nations joint programmes; DFID, USAID, Government of Canada, EU, NGO coalitions	5.8	14.75	20.55
	Proportion of children in conflict with the law that enter a diversion programme *Baseline*: 10%; *Target*: 20%	MoHA database/ records					
	Proportion of children under 5 who have a birth certificate *Baseline*: 4.1%; *Target*: 20%	DHS					
	Proportion of children in residential care out of the total number of children in formal care *Baseline*: 95%; *Target*: 70%	MoCDMCH records					

	Proportion of women aged 20-24 years reporting being married before age 18 *Baseline*: 31.4%; *Target*: 25%		meeting minimum standards. 3. Strengthened child-sensitive child justice practices at all stages of the criminal justice system. 4. Increased capacity of Government, partners and communities to provide birth registration services for children under five at national and subnational levels.				
7. SOCIAL INCLUSION							
Relevant articles of the Convention on the Rights of the Child: 2, 4, 13, 26, 27.							
Related UNICEF Strategic Plan Outcome: 7. Social inclusion.							
Vulnerable children and families benefit from and participate in a strengthened government response to poverty and vulnerability.	Management information system available to monitor an integrated delivery of social assistance benefits *Baseline*: No; *Target*: Yes	Annual MoCDMCH Social Protection reports	1. MoCDMCH has the capacity and integrated systems to effectively	Ministry of Finance, MoCDMCH ILO and WFP	3.5	22.5	26.0

	Proportion of households living in extreme poverty receiving social transfers in the past three months *Baseline*: 13% (2014); *Target*: 23%	MoCDMCH Social Protection Sector Advisory Groups reports	deliver a scaled-up social cash transfer programme. 2. The Government has enhanced capacity and improved systems for the delivery of integrated, coordinated, and child-sensitive social protection under the National Social Protection Policy. 3. The Government has enhanced capacity, improved systems, and evidence for child-poverty-informed decision-making and programme delivery at	Civil Society: Platform for Social Protection, Civil Society for Poverty Reduction DFID, Irish Aid, Government of Finland			
	Proportion of children living in extreme poverty living in a household which receives social cash transfers in the past three months *Baseline*: 9%; *Target*: 16%						
	Percentage of annual government budget/expenditure to main social sectors (health, education, social protection) *Baseline* (2014): 32.9%; *Target*: 33%	Government of Zambia Yellow Book					
	Multiple dimensions of child poverty inform design and implementation of Government's response to poverty and vulnerability *Baseline*: No; *Target*: Yes	Living Conditions Monitoring Survey, National Social Protection Policy M&E framework					

			national and subnational levels. 4. Vulnerable children, families, and communities have the capacity to participate in decision-making and demand accountability for delivery of quality social services.				
8. CROSS-SECTORAL							
Cross-sectoral (intersectoral, programme coordination, operations)	No outcome indicators at outcome level (indicators will be at output level)		Effective and efficient programme management and operations support to programme delivery		12.76	11.402	24.162
Total resources					**42 860**	**196 000**	**238 860**

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United Nations Children's Fund
Executive Board
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Item 4 (a) of the provisional agenda*

Country programme document

Colombia

Summary

The country programme document (CPD) for Colombia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $3,867,500 from regular resources, subject to the availability of funds, and $56,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 1 October 2015 to 31 December 2019.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Colombia has over 47 million people, 32 per cent of them children and adolescents. The majority consider themselves mestizo, 10 per cent identify as Afro-descendent and 3.4 per cent as indigenous. Today three quarters of the population live in urban areas, and this share is expected to grow to 85 per cent by 2050.

2. Despite an internal armed conflict that has affected the country for over 50 years, Colombia has managed to improve opportunities and quality of life for its citizens. Since 1990, Colombia's Human Development Index has increased by 20 per cent. Colombia is an upper-middle-income country with an advanced legal and political framework. Sustained growth and the expansion of social protection programmes have contributed to the decrease in income poverty from 49.7 per cent in 2002 to 28.5 per cent in 2014 and the extreme poverty headcount rate from 17.7 to 8.1 per cent in the same period. The multidimensional poverty rate (defined as the percentage of people deprived according to at least five well-being dimensions beyond a monetary measure) also declined, from 30.4 per cent in 2010 to 21.9 per cent in 2014.

3. Since 2012, negotiations have progressed on a peace agreement with the armed group FARC-EP (*Fuerzas Armadas Revolucionarias de Colombia — Ejército del Pueblo* (Revolutionary Armed Forces of Colombia — People's Army)). This guerrilla group has the largest number of combatants and the biggest territorial presence in Colombia. Peace talks constitute a historic step forward in ending the long conflict, associated with 7.2 million registered victims, of whom 31 per cent (2.1 million) are boys, girls and adolescents. The conflict has caused 930,000 deaths and over 6 million internally displaced persons (IDPs).

4. The current transition may further catalyse negotiations with other major armed groups. However, even a signed accord will not end violence and the violation of children's rights in Colombia. The current context still poses challenges: (a) implementing transitional justice; (b) effective disarmament, demobilization, and reintegration (DDR) of children; (c) implementing peace agreements on the ground; and (d) making reconciliation a reality.

5. Children are especially affected by anti-personnel landmines, unexploded ordnance and improvised explosive devices; recruitment and use by armed groups; sexual violence; internal displacement; and confinement/deprivation of humanitarian assistance. According to reports of the Secretary-General, there were at least 723 cases of child recruitment between 2012 and 2013. In 2013 alone, at least 43 children were killed and 83 maimed during attacks by armed groups. While it is impossible to know how many children are currently involved in armed groups, between 1999 and 2014 the Colombian Family Welfare Institute (*Instituto Colombiano de Bienestar Familiar* (ICBF)) assisted 5,694 children and adolescents who were demobilized from non-state armed groups (28 per cent girls and 72 per cent boys).

6. The Government's National Development Plan 2014-2018, "Together for a new country", has prioritized the issues of peace, equity and education. The first reflects the political will to build sustainable peace with a human rights approach. "Equity" entails a comprehensive human development vision, with opportunities for all. "Education" is seen as the long-term tool for social inclusion and economic

growth. The country programme supports these three pillars which are critical for children and adolescents as both recipients and agents of change for reconciliation and development.

7. The poorest regions of the country, where the majority of rural, indigenous and Afro-descendent communities live, show the highest presence of non-state armed groups and illegal economic activities. The impact of conflict on children multiplies the effects of other forms of violence at home, in school and in the surrounding environment.

8. Gender-based violence, especially sexual violence against children, constitutes a critical threat, even while the incidence is grossly underreported. As an indicator, the teen pregnancy rate for girls aged 15-19 years reached 19.5 per cent in 2010. Other information comes from forensic examinations associated with alleged sexual offenses. In 2013, 17,906 cases of these procedures were performed on children and adolescents, 84 per cent of which were for girls and 16 per cent boys. In the context of the armed conflict, gender-based violence is even more difficult to measure and prosecute. Independent sources estimate that between 2008 and 2012, there were at least 48,915 victims of sexual violence under 18 years of age (41,313 girls and 7,602 boys) whose alleged perpetrators were members of armed groups.

9. The risks associated with the armed conflict are exacerbated by the country's vulnerability to natural disasters. Recurrent environmental phenomena cause landslides and floods or extremely dry seasons and water restrictions with increasing intensity, which impact children most directly. In 2013 alone, the Government reported that 37,834 people were affected by natural disasters, primarily floods and landslides.

10. Education contributes significantly to equity, peacebuilding and reconciliation. In recent years, Colombia's education system has achieved significant progress, with a steady increase in coverage at all grade levels. The most recent available data (2012) indicate that in both primary and lower secondary education, gross enrolment is above 100 per cent (including children older than their grade level). In preschool and upper secondary education, coverage is around 97 and 75 per cent respectively. National and international test scores have improved in recent years.

11. Although the national school dropout rate in primary and secondary education has been reduced from 4.9 per cent in 2010 to 3.6 per cent in 2013, it continues to be high, particularly in rural areas. While the illiteracy rate was 5.2 per cent at national level in 2014, the figure for rural areas was 12.4 per cent. The newly acquired administrative autonomy gained by ethnic authorities with Decree 1953 in 2014 constitutes only a first step to address persistent structural inequities in the education sector.

12. Although state services are gradually including more children and families, and progressive laws and policies are already in place, many population groups remain excluded. In 2011, one of every three children lived in poverty. Adolescents living in rural areas were 2.8 times more likely than those in urban areas to live in multidimensional poverty. This situation is worse among IDPs; 63 per cent of IDP households live in poverty and one third in extreme poverty.

13. In Colombia, the social protection system is highly developed. However, several programmes are offered in a fragmented fashion with very low coverage in semi-urban and rural areas. A more child-sensitive social protection system is

required to reduce children's vulnerability. Challenges in service delivery remain in reaching all rural and ethnic communities. According to national statistics, the infant mortality rate was 17.5 per 1,000 live births at national level in 2012, but in six of the departments with the highest proportion of indigenous communities this indicator was more than twice as high. The under-five mortality rate is more than double the national average (20.5 per 1,000 live births) in departments from the Pacific (Chocó, 53.2) and the Amazon region (47.51); in La Guajira it is 39.6. In Chocó, the maternal mortality ratio is 224 per 100,000 live births, more than three times the national average (65.9).

14. Lessons learned from the midterm review (2011) and the 2014 evaluation of cooperation with two major donors (Canada and Sweden), indicate that the role of UNICEF as convener has yielded tangible, sustainable results for children. The use of partnerships helped to transform national policies into practical solutions at the subnational level (e.g., intersectoral commissions to prevent child recruitment and the national early childhood development (ECD) strategy). Using broad partnerships, the new programme will continue to contribute to removing bottlenecks hindering the impact of laws and policies which, however progressive, are not reaching all children, families and communities.

Programme priorities and partnerships

15. The overall goal of the new country programme is to ensure that children and adolescents enjoy their rights through equal access to social services, improve their learning outcomes and are effectively protected against violence, thus contributing to peacebuilding and reconciliation. The programme will promote a change in the enabling environment, ensuring that the rights of children and adolescents come first and are guaranteed by law and practice, in the likely context of a peace agreement. The programme will also address factors in supply and demand of basic social services for children. The programme has four components: child protection; inclusive education; survival and development of young children; and social inclusion and monitoring of child rights.

16. UNICEF advocates for increased alignment of government policies and practice with the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the post-2015 agenda. The programme is in line with the pillars and strategies of the National Development Plan. The UNICEF programme is aligned with the United Nations Development Assistance Framework (UNDAF) in the areas of peacebuilding and sustainable development.

17. The National Development Plan recognizes that "peace is local" ("*La paz es territorial*"). The programme will focus on ensuring peace dividends for children by establishing links between the Government's administration and the provision of social services at local level. This will be achieved through technical assistance, capacity development and improvement of decentralized local governance, in particular in indigenous and Afro-descendent communities.

18. At national level, the programme will focus on advocacy, development of policies and programmes and monitoring. At regional and departmental levels, programmatic interventions will include support to specific demonstrative projects involving different programmatic components. Geographic prioritization is based on

a risk-informed situation analysis that identifies the number and location of the most deprived and excluded children, taking into account those municipalities that the United Nations system and the Government have identified as main areas for generating short-term peace dividends. In geographical terms, this includes but is not limited to the Pacific region from Chocó to Nariño; Antioquia, Córdoba and north-central Colombia; and the south, including Amazonas and Putumayo.

19. Field experience will inform national policies while national priorities will be translated into local practical solutions for children. Evaluation of models and good practices identified at local level will guide national policies and programmes in order to replicate them elsewhere.

20. In line with the UNICEF Gender Action Plan and a recent gender review, the programme will convene actors from the educational community to transform perceptions and practices that perpetuate discrimination and gender-based violence. It will also strengthen institutional capacity to respond to gender-based violence, especially sexual violence, advocating for comprehensive protection in all contexts including emergencies, and raising awareness and support in communities to prevent gender-based violence.

Child protection

21. The 50-year old internal armed conflict has exacerbated children's vulnerability to different forms of violence and undermined the country's capacity to achieve sustainable development. Children from indigenous and Afro-descendent communities and those living in urban, marginalized neighbourhoods are the most affected by violence. The child protection component will address the rights of children, both within the armed conflict and in other contexts of society, strengthening the protection system at national and community levels.

22. Despite recent progress achieved with the issuance of the 2011 Victims' and Land Restitution Law, child victims still do not have access to child-sensitive mechanisms of truth, justice, reparation and guarantees of non-repetition, the four components of transitional justice. At the same time, the regular justice system allows for different treatment for child victims who are recruited by new illegal armed groups linked to former paramilitary structures and those recruited by guerrilla forces.

23. The programme will support the design and implementation of an effective transitional justice and DDR framework, emphasizing the rights of child victims so that they benefit from the full support stated in the Victims' Law. The programme will also strengthen national and local capacities for mine-risk education in cooperation with the Directorate of Mine Action. UNICEF will engage in joint advocacy for policy reform on behalf of child victims, working with key government partners, such as ICBF, the Victims' Unit and the Ombudsman's Office, among others.

24. To foster adolescent participation in peacebuilding and reconciliation, the programme will use innovative strategies in areas such as sports for peace, art, music and culture. This will help to prevent adolescents from falling into the new forms of organized violence such as "post-demobilization" groups. The programme will use lessons learned from the recently evaluated national policy for the prevention of child recruitment.

25. To address widespread social acceptance of violence against girls and women and to increase effectiveness of the judicial system to fight gender-based violence,

the programme will strengthen the capacities of the National Family Welfare System and other key actors. This will entail increasing their knowledge and abilities to provide effective protection services against gender-based violence, taking into account age, sexual orientation, ethnicity and disability. UNICEF will promote behavioural change strategies among institutional and community stakeholders to reduce gender stereotypes that still undermine recognition of girls and women as right holders.

Inclusive education

26. This component is aligned with all pillars of the National Development Plan. The programme aims at increasing opportunities for girls, boys and adolescents from conflict-affected areas, including rural and indigenous and Afro-descendent communities, to access, remain and learn in an inclusive quality education system, contributing to a sustainable peace and effective reconciliation.

27. Despite progress, there is insufficient application of ethno-intercultural models where required. In areas highly affected by conflict, local authorities, communities and schools lack the necessary resources to ensure effective learning outcomes for children with diverse backgrounds. These constraints are intensified by economic, geographic and conflict-related barriers, hampering school access and retention. Existing curricula and teaching practices create additional obstacles, reducing relevance and inclusion. These factors affect populations in extreme poverty and rural areas most affected by the conflict, particularly the Pacific, North-Centre and Southern regions.

28. To face these challenges, the programme will develop models that permit the Ministry of Education and subnational authorities to improve their capacities to formulate, implement and coordinate equity-focused policies and budgets. This will increase, in turn, the capacities and resources for schools to achieve various results: (a) improved quality of education in rural areas, among indigenous and Afro-descendent communities; (b) increased access, retention and the return to school of dropouts; and (c) education for children living in areas affected by conflict and natural disasters.

29. In the communities most affected by the armed conflict, authorities, communities and teachers will be supported to guarantee that schools are effective protective learning environments. The programme will strengthen the capacity of local education authorities, schools, communities and the Ministry of Education to implement specific strategies that facilitate the reintegration into the education system of children and adolescents living in or returning to these communities.

30. The programme will support national and local education authorities to build up the role of schools as agents for reconciliation and peacebuilding. Schools will be empowered as rallying points to mobilize all members of communities towards shared goals of solving conflicts without violence and encouraging reconciliation with active involvement of adolescents, parents, teachers, civil society and institutional duty bearers. The programme will also contribute to developing tools, including guidelines and methodologies, to promote education in human rights, peacebuilding and resilience with a gender-sensitive approach.

31. UNICEF will foster flexible education models that are gender-based and context-appropriate. The programme will work with key partners in prioritized

municipalities to strengthen the supply of culturally relevant learning environments and services in indigenous and Afro-descendent communities. The programme will work with the public and private sectors and ethnic communities to design innovative materials, pedagogical practices and community education projects that include preventing gender-based violence. Models will be validated before implementing at larger scale and, where needed, South-South cooperation will be facilitated to share educational innovations with other countries.

Child survival and development

32. This component is aligned with the equity pillar of the National Development Plan as well as with the national strategy on early childhood development (ECD), "*De Cero a Siempre*" ("Zero to Forever"). The aim is to guarantee that young children who live in rural, indigenous and Afro-descendent communities have equal opportunities to be healthy, well-nourished and free from violence and to develop their full potential. This will constitute a tangible peace dividend. The programme will call for improved access to essential services and humanitarian action in unreachable areas due to insecurity issues linked to the armed conflict.

33. The programme will address four bottlenecks regarding the right to health, nutrition and development: (a) lack of coordination between national and subnational levels as well as weak cross-sectoral linkages among local institutions and service providers; (b) insufficient access to quality social services that are appropriate to the needs of rural, indigenous and Afro-descendent communities; (c) inadequate care practices related to ECD; and (d) limited capacities of ethnic communities to demand services that respond to their needs.

34. To address these obstacles, the programme will support the National Intersectoral Commission for the Comprehensive Care of Young Children and its constituent institutions to develop, validate and scale up community-based models that foster the comprehensive development of children with an emphasis on health, nutrition and early education. These efforts will improve coordination and increase local capacities to respond to the needs of rural, ethnic and conflict-affected communities. Moreover, attention will be given to responding to emerging health challenges for children, particularly linked to non-communicable diseases. As part of these elements, the programme will also support efforts of the Government and United Nations agencies to prevent and care for teenage pregnancies.

35. The programme will contribute to increasing the awareness and capacities of families as the main source of physical and emotional care for young children. This component will strengthen parental skills to feed children adequately, stimulate their development and respond to their psychosocial needs. Different strategies will be used, including communication for social change and technical assistance for caregiver counselling services, among others.

Social inclusion and monitoring child rights

36. This component will advocate for a social protection system that is more sensitive to children's needs and properly coordinated with the National Family Welfare System, permitting the implementation of a comprehensive poverty reduction strategy with a child rights perspective. The programme will support: (a) effective decentralization of basic services from the social sector; (b) incorporation of the child poverty multidimensional measurement into the national strategy to reduce

extreme poverty; and (c) design and implementation of a national policy for children, adolescents and youth.

37. UNICEF will strengthen the capacities of public and private actors to coordinate strategies and devise tools for planning, allocating and monitoring resources for children's rights. These initiatives will be complemented by support for policy and programme evaluations in favour of children.

38. Social inclusion strategies depend heavily on strengthening systems to monitor the situation of the most disadvantaged children and families. Increasing support to strengthen national and subnational monitoring and evaluation structures of this kind, in both development and humanitarian settings, will better inform policies and programmes and identify resources to leverage results for children and adolescents. Continued development of innovative monitoring instruments, such as the DevInfo-derived tool "Sinfonía" (*Sistema de Información de Niñez y Adolescencia* (Information System on Childhood and Adolescence)) will support government efforts.

39. Children and adolescents have a key role to play as agents of change who can contribute to peacebuilding and reconciliation. Given the isolated and disparate efforts at empowerment and participation of children, the national Government, through the Ministry of Interior, has highlighted the need to organize and consolidate one public policy that effectively guarantees children's right to participate in public life. The programme will facilitate national consensus on content, strategies and monitoring mechanisms of this policy, with emphasis on empowering girls.

40. UNICEF sees an opportunity to develop strategic partnerships with both private and public sector stakeholders. In the private sector, the programme will focus on improving business practices with corporate social responsibility strategies, in order to protect children's rights. This includes mobilizing resources through corporate philanthropy. On the public side, UNICEF will continue to strengthen the *Hechos y Derechos* ("Facts and Rights") partnership (an alliance with different government branches) to advocate for the rights of children and adolescent at all levels of governance.

Cross-sectoral component

41. The cross-sectoral component will support all activities related to programme implementation and management, including technical and strategic assistance. This includes staff costs for programme monitoring and evaluation, disaster risk reduction and communications. UNICEF will also increase its efforts in private fundraising and partnerships (PFP), raising funds for children in Colombia and in other parts of the world. Communication plays a key role in advancing children's rights, especially in a post-peace agreement context. This area includes branding, advocacy and resource leveraging.

42. The PFP area will focus on three fundraising channels: recurrent individual donors; corporate fundraising; and legacies. The local market's potential in terms of individual donors has increased to 1.8 million people. PFP will seek to increase private funds by engaging individuals and corporate partners not only as donors but also as duty bearers.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child protection	467.5	29 000	29 467.5
Inclusive education	1 000	14 000	15 000
Child survival and development	500	6 000	6 500
Social inclusion and monitoring child rights	700	6 000	6 700
Cross-sectoral	1 200	1 000	2 200
Total	**3 867.5**	**56 000**	**59 867.5**

Programme and risk management

43. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

44. The United Nations country team (UNCT) will establish relevant mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNDAF. Annual workplans will be developed together with government partners to operationalize the country programme. When appropriate, the workplans will be developed jointly with other UNCT members.

45. UNICEF will closely monitor the results of the country programme through periodic programme reviews and semi-annual reviews with implementing partners, while ensuring compliance with the harmonized approach to cash transfers. Situation analysis, combined with the results from the periodic programme reviews and risk assessments, will allow UNICEF to identify, mitigate and address emerging programme risks.

46. The country programme's risk assessment highlights insufficient funding for the programmatic, emergency and safety and security activities of the country office. Resource mobilization efforts will therefore be intensified. In the scenario of a signed peace agreement, international support to the transition may well increase the availability of aid resources for Colombia, at least in the short term. UNICEF will develop innovative strategies to leverage resources and to keep diversifying its funding base. Additional resources for transitional justice, DDR and peacebuilding processes will be managed by the country office as other resources-emergency funds that will facilitate a temporary increase in programmatic activities without changing the basic structure of the office.

47. UNICEF will continue to participate in the United Nations security management system, in strict compliance with all minimum operating security standards. The office will monitor indicators for natural and man-made disasters and periodically update the UNICEF early warning and early action system. This will

include disaster risk reduction activities to strengthen local resilience and emergency preparedness and response capacities.

Monitoring and evaluation

48. UNICEF, the Ministry of Foreign Affairs, the Presidential Agency of Cooperation and the National Planning Department (*Departamento Nacional de Planeación* (DNP)) will jointly monitor implementation of the country programme, along with relevant lead sectoral institutions. Regular meetings and field reviews will be organized. The office will carry out annual review meetings as well as a gender review to document progress in achieving results and make adjustments as needed.

49. The programme will base key decisions and strategies on sound evidence regarding main determinants and bottlenecks that affect full realization of children's rights. UNICEF will encourage more systematic conflict-sensitivity analysis to understand short- and medium-term transition towards peacebuilding and reconciliation.

50. The situation analysis will be updated periodically, based on reliable data and reports and sectoral and subnational population research. The situation analysis will be elaborated with leading government counterparts, such as ICBF, DNP, the Department for Social Prosperity and the National Bureau of Statistics. The data and analysis shared with these partners should have an impact on decision-making process, resource allocation and strategy adoption to transform children's lives. The use of rolling situation analysis will allow to adjust the country programme. UNICEF will work with other United Nations agencies to strengthen national and subnational monitoring and evaluation systems, as well as highlighting the situation of girls, boys and adolescents in the process of monitoring and evaluation of the UNDAF.

51. Substantive efforts will be put in evaluating programme results, particularly in assessing the effectiveness, efficiency and impact of pilot models that may be taken to scale by national partners. The evaluation plan includes major evaluation processes that the programme seeks to support in key areas of interest for children and adolescents.

Annex

Results and resources framework

Colombia-UNICEF country programme of cooperation, 2015-2019

Component 1. Child protection							
Convention on the Rights of the Child: Articles 4, 19, 34, 35, 36, 37, 38, 39, 40 **National priorities:** National Development Plan, 'Together for a new country: Peace, equity and education'. Pillars: Peace and Education. Crosscutting strategies: Security, justice, and democracy for peacebuilding; Social mobility.							
UNDAF outcomes involving UNICEF: Peacebuilding **Outcome indicators measuring change that includes UNICEF contribution** (Not yet available)							
Related UNICEF Strategic Plan outcome(s): Child protection.							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** (*In thousands of United States dollars*)		
					RR	***OR***	***Total***
By 2019, child protection institutions and local authorities, in priority geographical areas, formulate and implement efficient transitional justice and DDR programmes, oriented to protect children and adolescents affected by the armed conflict and guarantee their rights	Number of children associated with illegal armed forces, who have been released and reintegrated with their families, and receive appropriate care and services (Annual) Baseline (2014): 277 Target (2019): 800 Percentage of children recognized as victims that have access to administrative reparations processes: Baseline (2014): 0,15% Target (2019): 10%	ICBF records Reports from the national information network of the Victims' Unit	By 2019, the National System for Comprehensive Attention and Reparation of Victims and the National Family Welfare System have increased capacity to adopt and implement specific mechanisms and programmes on DDR, as well as mine action standards for mine-risk education and humanitarian demining, targeting girls, boys, and adolescents affected by the armed conflict. By 2019, national authorities and relevant actors have improved capacity to ensure transitional justice for children as formulated by the Victim and Land Restitution Law, including truth, justice,	ICBF, Ombudsman, Ministry of Education, local authorities, Victims' Unit, Police, National Army, Monitoring and Reporting Mechanism Task Force for Security Council resolution 1612, Directorate of Mine Action, *Colombia Joven.*	467.5	29 000	29 467.5

			reparations and guarantees of non-repetition. By 2019, girls, boys, and adolescents in prioritized geographical areas have access to and use effective mechanisms to participate in peacebuilding and reconciliation processes.				
By 2019, children and adolescents in priority geographical areas have access to child protection systems allowing them to live free from violence, abuse, and exploitation, with a particular focus on gender-based violence.	Rate of children registered as victims of domestic violence (per 100,000) Baseline (2013): 62.52 Target (2019): 80.00 Percentage of forensic examinations associated with alleged sexual offenses performed on children Baseline (2013): 86.3 Target (2019): 86 Number of girls, boys, and adolescents exposed to sexual violence, accessing to and use child protection preventive and response services (ICBF). Baseline (Dec. 2013 – Dec. 2014): 12,149 Target (Dec. 2018 – Dec. 2019): 15,000	Forensic Medicine National Institute of Health ICBF	By 2019, government institutions and child protection networks at national and community levels are equipped to implement mechanisms to increase coordination and the use of common standards for the protection of children against violence, including GBV. By 2019, girls/boys/adolescents from prioritized high-risk areas who are exposed to violence have access to and use child protection preventive and response services within their communities. By 2019, actors of the National Family Welfare System and relevant authorities in prioritized communities have improved their knowledge and skills to provide services and protect children and adolescents against GBV, with a focus that differentiates by age, gender, ethnicity, disability and sexual orientation.	ICBF, Ombudsman, National Attorney.			

Component 2. Inclusive education							
Convention on the Rights of the Child: Articles 2, 4, 28, 29, 30 **National priorities:** National Development Plan 'Together for a new country: Peace, equity and education'. Pillar on Peace. Crosscutting strategy: Security, justice, and democracy for peacebuilding; social mobility; good government.							
UNDAF outcomes involving UNICEF: Peace building and sustainable development **Outcome indicators measuring change that includes UNICEF contribution** (Not yet available)							
Related UNICEF Strategic Plan outcome(s): Education and WASH							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** (*In thousands of United States dollars*)		
					RR	***OR***	***Total***
By 2019, girls, boys and adolescents including those from conflict affected areas access and stay in an equitable, inclusive and quality education system that contributes to a sustainable peace and reconciliation process	Number of out-of-school children in primary and secondary education Baseline (2009): 192,009 (primary) and 263,002 (secondary) Target: (2019): TBD (primary) and TBD (secondary). Survival rate from first to eleventh grade. Baseline (2012): 39.3 per cent. Target (2018): 48 per cent. Percentage of public schools children, improving baseline results in 'Saber' standardized tests. Baseline (2013): 0 (zero) per cent. Target (2018): 12 per cent.	Out-of-school initiative. Colombian case study (2011). Ministry of Education administrative records.	By 2019, the Ministry of Education and subnational authorities have increased capacity to provide quality-learning opportunities for girls, boys and adolescents and to reduce dropout factors. By 2019, schools, local authorities and communities most vulnerable to the armed conflict and the Ministry of Education are better equipped to provide relevant and appropriate services that guarantee the right to education for all girls, boys, adolescents and their teachers, living in or returning to these communities. By 2019, schools and local communities have access to validated tools to develop and promote school-based peacebuilding, reconciliation and resilience initiatives. By 2019, the Ministry of Education, certified subnational entities and local authorities in prioritized municipalities, improved their capacity to provide culturally relevant learning environments to indigenous and afro-descendants girls, boys and adolescents aimed for better education outcomes.	Ministry of Education, local secretariats, Indigenous and afro-descendant organizations.	1 000	14 000	15 000

Component 3. Child survival and development							
Convention on the Rights of the Child: Articles 2, 4, 6, 24 **National priorities:** National Development Plan 'Together for a new country: Peace, equity and education'. Pillars: Equity and Peace. Crosscutting strategies: Social mobility. Good government.							
UNDAF outcomes involving UNICEF: Sustainable development **Outcome indicators measuring change that includes UNICEF contribution** (Not yet available)							
Related UNICEF Strategic Plan outcome(s): Health and nutrition.							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** (*In thousands of United States dollars*)		
					RR	***OR***	***Total***
By 2019, girls and boys under age 5 in rural, indigenous and afro-descendant communities benefit from culturally appropriate implementation of the national strategy *De Cero a Siempre* and other relevant policies.	MMR in disperse rural areas. Baseline (2013): 105.2. Target (2018): 80 Number of live births attended by skilled personnel Baseline (2013): 655,218. Target (2019): 655,000 Number of young children accessing comprehensive attention, within the framework of *Cero a Siempre* strategy Baseline (2014): 1,051,000. Target (2019): 2,000,000 Number of education agents that are qualified in comprehensive care	Vital statistics report from National Bureau of Statistics. ECD services records	By 2019, local authorities and service providers have increased capacity to deliver culturally appropriate and community-based interventions to prevent malnutrition and maternal and child morbidity and mortality, including non-communicable diseases. By 2019, ICBF has validated quality standards that are culturally appropriated to implement comprehensive care strategies for ECD, that involve families and child development centres. By 2019, families have strengthened parental skills for quality caregiver/child interaction, to provide a safe and stimulating home environment, and to develop gender-sensitive attitudes and behaviours that prevent violence, maltreatment or neglect. By 2019, indigenous and afro-descendant organizations have increased knowledge and capacity to demand quality and	Ministries of Health and Education; ICBF, UNFPA, UN-Women, PAHO, Indigenous and afro-descendant authorities	500	6 000	6 500

	of young children Baseline (2014): 49,672. Target (2018): 100,000.		culturally appropriate health, nutrition and ECD services.				

Component 4. Social inclusion and monitoring child rights							
Convention on the Rights of the Child: Articles 3, 4, 12, 13, 15 **National priorities:** National Development Plan 'Together for a new country: Peace, equity and education'. Pillar on Peace. Crosscutting strategy: Security, justice, and democracy for peacebuilding; social mobility; good government.							
UNDAF outcomes involving UNICEF: Peacebuilding **Outcome indicators measuring change that includes UNICEF contribution** (Not yet available)							
Related UNICEF Strategic Plan outcome(s): Social Inclusion							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** (*In thousands of United States dollars*)		
					RR	***OR***	***Total***
By 2019, public institutions and civil society actors formulate, implement and evaluate more efficient budgets and effective public policies, oriented to reduce inequalities and guarantee girls, boys and adolescents rights.	Number of young children that are beneficiaries of the social programme RED UNIDOS, accessing comprehensive attention. Baseline (2014): 416,169 Target: To be determined Incidence of multidimensional poverty on children Baseline (2011): 34 per cent Target (2019): 24 per cent Official calculation of social expenditure for children as share of GDP Baseline: Non-existent Target: Annual reports produced	National reports on poverty (National Bureau of Statistics). National budgets and public expenditures reviews	By 2019, leading institutions of the Social Protection System have the evidence, tools and capacity to reduce child poverty, involving civil society and the private sector. By 2019, the decision-making bodies responsible for the social policy at national and sub-national levels, have increased capacities to design and coordinate child-friendly policies, programmes and budgets. By 2019, government authorities are equipped to implement validated strategies and mechanisms to guarantee children and adolescents effective	ICBF, Ministry of Interior DNP National Agency for Overcoming Extreme Poverty, Local authorities. *Hechos & Derechos* partnership.	700	6 000	6 700

				participation under the framework of the corresponding national and subnational policies. By 2019, government and civil society use validated tools and data for regular monitoring of the situation of children and for evaluating related policies and programmes. By 2019, government and civil society use validated tools and data for regular monitoring and evaluation of budgets and expenditures for children.				
Total resources:						**3 867.5**	**56 000**	**56 867.5**

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United Nations Children's Fund
Executive Board
Second regular session 2015
8-10 September 2015
Item 4 (a) of the provisional agenda*

Country programme document

El Salvador

Summary

The country programme document (CPD) for El Salvador is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,795,000 from regular resources, subject to the availability of funds, and $8,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. The children of El Salvador, some 2.2 million in all, represent 35 per cent of the population of approximately 6.3 million.[1] Two out of every ten children are under the age of 5, while four out of every ten are adolescents. Around six out of every ten children live in urban areas. Children make up a sizeable proportion of the more than 3 million Salvadorans who live outside the country as a result of intense migration patterns.

2. Compared to two decades ago, Salvadoran children today enjoy more opportunities for their survival, development and protection. The under-five mortality rate has decreased by 73 per cent; more children attend and complete primary school; and the proportion of poor households has steadily decreased. Children enjoy a legal, policy and programmatic framework intended to protect their rights, through the Law for the Integral Protection of Children and Adolescents (LEPINA) and the Youth Law. El Salvador celebrated, in 2015, 20 years of reforms to the juvenile justice system.

3. Fiscal pressures, low economic growth, violence, inequities and certain social norms challenge the sustainability of gains for children. The Government of El Salvador positions human well-being at the centre of its 2014-2019 Five Year Development Plan (NDP),[2] with its three priorities: sustainable economic growth; inclusive education and social equity; and citizen security, with children as key beneficiaries. Therefore, the government's strategies seek to improve future outcomes and opportunities for children.

4. Over the past five years, the country's gross domestic product (GDP) has grown by 1.8 per cent on average, and 2.2 per cent growth is projected for 2015, the lowest of Central America. Public sector debt as a proportion of GDP is projected to increase from 42.4 per cent (2008) to 62.4 per cent (2014).[3] Nonetheless, per capita investment in children stands at $434, a level above that of several countries in Central America. Public sector spending has increased from 12.8 per cent (2008) to 14.8 per cent (2012) of GDP, in part because of important health and education social protection programmes.[4] Monetary poverty affects 44 per cent of children, compared to 35 per cent of adults.[5] Approximately 61 per cent of all children suffer multidimensional poverty (deprived of at least one of their rights), and the majority of them are in rural areas (58 per cent).[6] Approximately 70 per cent of poor children live in households without social protection.[7]

5. El Salvador has one of the lowest child mortality rates in Central America, resulting from immunization and infectious diseases control programmes. However, neonatal mortality accounts for 59 per cent of all deaths of children under age one,

[1] Multiple Purpose Household Survey (EHPM), 2013.
[2] National Development Plan, 2014-2019 (PQD).
[3] Central Reserve Bank and Ministry of Finance, 2015.
[4] El Salvador: Medición del gasto público en niñez y adolescencia, 2011. (Government of El Salvador/UNICEF/Central American Institute for Fiscal Studies, 2014).
[5] EHPM, 2013.
[6] La niñez y la adolescencia en El Salvador frente a sus garantías sociales de ciudadanía. Government of El Salvador/UNICEF, 2014).
[7] Protección social de la niñez y la adolescencia en El Salvador (Government of El Salvador/ UNICEF, 2014).

principally due to low birthweight and congenital anomalies.[8] Disparities exist according to geographical residence, place of health-care service, income and educational status of women: whereas the national child mortality rate is 20 deaths per 1,000 live births, it jumps to 29 deaths in the lowest economic quintile and to 43 deaths when mothers have little education.[9]

6. The maternal mortality ratio fell from 56 (2009) to 38 deaths (2013) per 100,000 live births, but 41 per cent of these deaths is concentrated among girls, adolescents and young women aged 10-24. Twenty-five per cent of all maternal deaths are suicides, 75 per cent of which were committed by girls, adolescent sand young women.[10] Underscoring this challenge are inadequate health-seeking behaviours among teen mothers, who account for 23 per cent of all pregnancies.

7. Chronic malnutrition is a barrier to child development, with profound inequities. Whereas 14 per cent of all children under the age 5 suffer from stunting, the percentage increases to 24 in the lowest quintile and to 25 when the mother has little education.[11]

8. A total of 29,799 cases of HIV have been reported since 1984, 62 per cent of which were among men and 38 per cent among women. Prevention of mother-to-child transmission accounts for less than 1 per cent of all new HIV cases.[12]

9. Important strides have been made in the public education system. Early childhood education has been a public policy priority since 2009, responding to low enrolment rates: under 2 per cent for children aged 0-3 and 56 per cent for children aged 4-6. Official data indicate that 57 per cent of children who are not enrolled in early childhood education live in the country's 120 poorest municipalities (out of 262).[13] Approximately 53 per cent of children from rural areas attend pre-primary school, compared to 64.7 per cent in urban areas.

10. The net enrolment rate in primary school increased from 86 per cent (2000) to 93 per cent (2013), with gender parity. Enrolling and retaining adolescents in secondary school represent enormous challenges. Although the net enrolment rate in lower- and upper-secondary levels increased between 2000 and 2013 from 43 per cent to 65 per cent, and from 27 per cent to 38 per cent, respectively, a large number of adolescents still have never reached or completed secondary school.[14] For example, fewer children and adolescents from the lower quintile (26.4 per cent) attend school than those in the upper quintile (42.8 per cent). More girls attend secondary school (40.9 per cent) than boys (37.2 per cent), reflecting a critical gender issue.[15]

11. In 2014, 6 per cent of the entire student population left school, and 86 per cent of schools reported student dropout. This was principally due to violence, including gender-based violence, in and around schools: some 27 per cent of schools reported

[8] Ministry of Health, 2014.
[9] Multiple Indicator Cluster Survey (MICS) 2014.
[10] Ministry of Health, 2013, 2014.
[11] MICS, 2014.
[12] Ministry of Health, 2014.
[13] Ministry of Education, School Census Data, 2000-2013.
[14] Educación de El Salvador en cifras (Ministry of Education, 2014; NDP).
[15] EHPM, 2013.

gang activity as a reason students left school, and 65 per cent and 47 per cent indicated students moved their residence or migrated, respectively, with both actions indirectly associated with violence.[16]

12. Government spending on education averaged 3.14 per cent of GDP since 1995, which is below the regional average of 5.2 per cent. Spending is concentrated on recurrent expenditures such as salaries, and not enough is invested in improving quality or infrastructure.[17] The quality of education is affected by the relatively low academic qualifications of teachers, with fewer than 13 per cent possessing an advanced degree in education, and the rest having only some technical qualifications.[18]

13. The most significant barrier to child and adolescent well-being is violence in their homes, communities and schools. El Salvador has the highest global child homicide rate. Between 2005 and 2013, a total of 6,300 child homicides were reported, with 89 per cent of the victims boys aged 15-19. More than 60 per cent of all child deaths are intentional. Eighty per cent of homicides are committed by adults. Bullying is another challenge, reported by 42 per cent of sixth-grade children, as is abuse and murder of girls and women. Close to 71 per cent of all cases of female sexual abuse were reported against girls, and El Salvador has reportedly the highest femicide rate in the world.[19]

14. Aggravating the situation of violence against children is the limited resolution capacity of the judicial system. Of 121,755 crimes committed in 2013-2014, 89 per cent (107,962) were taken to court, and 36,592 of these were closed, leaving a total of 71,370 cases still open.[20]

15. Disintegrated family structures due to migration, poverty and violence negatively impact the development of children. An estimated 37 per cent of children live without their mother, father or both parents, while 15 per cent of children live in households where at least one family member has migrated.[21] Early-childhood stimulation practices are inadequate and gender-differentiated: some 40 per cent of mothers play with their children, compared to only 8 per cent of fathers, whilst fewer than 20 per cent of children live in households that have three or more children's books.[22] Insufficient early childhood services and inadequate parental practices leave children reaching primary school with deficient literacy and numeracy skills.

16. Close to 10,000 unaccompanied Salvadoran migrating children were detained in and returned from the United States and Mexico in 2014, compared to approximately 6,000 in the previous year. The principal causes of migration were seeking family reunification, escaping from violence and lack of educational, vocational and employment opportunities for adolescents. Accidents, sexual assault

[16] Ministry of Education, 2014.

[17] El financiamiento de la Educación en El Salvador (Ministry of Education/Fundación Innovaciones Educativas Centroamericanas/UNICEF, 2013).

[18] Ministry of Education, 2014.

[19] Atlas de la violencia en El Salvador, 2005-2014 (Fundación Dr. Guillermo Manuel Ungo, 2014); Hidden in Plain Sight (UNICEF, 2014); the Office of the United Nations High Commissioner for Human Rights, 2014; General Prosecutor's Office (GPO), 2013-2014.

[20] GPO.

[21] EHPM, 2013.

[22] MICS 2014.

(especially of girls), child trafficking and death are common during the migratory route.[23]

17. Census data indicate that 1.6 per cent of children have some form of disability, and probably underestimate the figure, given the stigma and discrimination associated with this condition. Children with disabilities in El Salvador suffer more violence, sexual abuse and exclusion from health, education and protection services than children without disabilities.[24]

18. El Salvador is highly vulnerable to disasters, especially earthquakes, tropical storms and volcanic eruptions, potentially affecting 95 per cent of the population. To date, many families and communities are still recovering from two devastating earthquakes in 2001, while a powerful tropical depression in 2011 affected the entire country, generating losses of $840 million, or 4 per cent of GDP. Advances have been made to prioritize children and their families affected by emergencies.[25]

19. The right to participation of children and adolescents has been promoted through consultations for the post-2015 agenda, the NDP and the National Policy on the Integral Protection of Children and Adolescents, as well as the establishment of a Children's Consultative Committee to advise the National Council for Children and Adolescents (CONNA). El Salvador ratified the third Optional Protocol to the Convention on a Communications procedure.

20. The Committee on the Rights of the Child has recommended the reversal of the high vulnerability children and adolescents experience, especially through neonatal mortality, chronic malnutrition, adolescent pregnancy, violence and school dropout and poor enrolment. The Committee also urged El Salvador to address systemic issues such as certain social and cultural norms, integration of different protection systems and prioritizing children in public policies and budgets. The Committee on the Elimination of Discrimination against Women urged the State to adopt a strategy to eliminate sexist stereotypes in schools and to address violence against women and girls.

21. The UNICEF situation analysis of children and the midterm review confirm three lessons learned: (a) development and protection gains are not reaching all children living in high vulnerability with basic social services; (b) the principal duty-bearers for the protection of children — parents, communities and school staff — are the main perpetrators of violence against children; and (c) a profound change is required in the way Salvadorans treat their children and hold government accountable for developing programmes that uphold the rights of all children. UNICEF's comparative advantages in capacity development, evidence generation, policy dialogue, partnerships, advocacy and South-South cooperation should continue, focusing on improving the coverage, quality and efficiency of services to reduce inequities that affect the most disadvantaged children. UNICEF should also foster active citizenship participation to position children at the heart of policy development.

[23] Official data from the Governments of El Salvador and the United States, 2014.
[24] Economic Commission for Latin America and the Caribbean (ECLAC), 2013.
[25] ECLAC, 2011.

Programme priorities and partnerships

22. The overall objective of the country programme is to support national efforts for the universal realization of children's rights. Special attention will be given to reducing inequities, particularly among the most disadvantaged children and adolescents, and the progressive elimination of the barriers faced in exercizing their rights. Converting inequities into opportunities for children is central to the programme, by ensuring that the home, community and school fully nurture and protect their children. The country programme supports the NDP and the United Nations Development Assistance Framework (UNDAF), and is in alignment with UNICEF's Strategic Plan 2014-2017. As a Delivering as One country, the programme seeks complementarities with other United Nations agencies to enhance the efficiency of interventions.

23. The programme will respond to the key threats to children's rights through four components: (a) children protected from violence; (b) inclusive education; (c) healthy start in life; and (d) social inclusion and children's rights monitoring. The programme contributes to these outcomes by supporting the removal of those barriers that affect the most disadvantaged and vulnerable, such as children living in poverty, rural areas and communities affected by violence, who lack social protection and who live in single-parent homes, with a gender perspective. Due attention will be given to migrant and indigenous children, and those with disabilities, through partnerships with specialized organizations. Strategic efforts will be intensified to strengthen national capacities for the realization of children's rights and to modify social norms and behaviours to provide protective environments for children. Children and adolescents will be supported to participate in the design, monitoring, and implementation of public policies. The programme will continue strengthening its knowledge management strategy through the production of evidence on the situation of children to inform policy, programme and budget formulation. The Gender Action Plan will focus on gender-based violence, adolescent pregnancy and gender-sensitive parenting in early childhood. Resilience against natural disasters is built into all components. Public advocacy, social mobilization and communication for development will support the programme.

24. The programme will address barriers in the legal framework, limited institutional coordination, insufficient financial resources and weak monitoring and evaluation. The programme will assist government partners to reach the most excluded children, strengthen skills of local service providers and improve the integral protection system. Demand barriers include low educational levels of caregivers, social norms that hinder child care practices and insufficient participation of children and adolescents in policy processes.

Children protected from violence

25. This component will improve access to child protection systems at the national and subnational levels and enable counterparts with capacity to protect children and adolescents from violence and ensure restitution of their rights, as well as reinsertion of adolescents in conflict with the law. The overall objective is to ensure a life free from violence, abuse, exploitation and neglect, with a particular focus on gender-based violence. Special attention will be placed on girls vulnerable to sexual abuse and to boys prone to gang-related violence, living in the most violent communities.

26. An important barrier to an improved child protection system is the limited inter-institutional coordination. UNICEF will continue supporting the consolidation and improvement of coordination mechanisms at various levels (geographic and between institutions), and also assist CONNA in the development and implementation of mechanisms that facilitate coordination and evaluation of efforts across institutions as well as between the national and community levels to increase children's access to preventive and response services. CONNA, line ministries, institutions, authorities at the subnational level, and civil society organizations (CSOs) related to the integral protection of children and adolescents are key partners.

27. The implementation of the child protection system at the local level is limited due to insufficient resources, representing an important barrier to enhanced family- and community-based child protection. UNICEF will support selected municipalities to design and implement intersectoral strategies and programmes for the prevention of violence against children and adolescents, including gender-based violence and provision of gender-sensitive services. The aim is to document replicable models that yield positive results for children for potential replication nationally.

28. Another barrier is the shortage of specialized programmes to attend to highly vulnerable children and adolescents, such as those in contact and conflict with the law, victims of violence, unaccompanied child migrants, pregnant adolescents and children and adolescents at risk of gang conscription. UNICEF will support national authorities to strengthen such specialized programmes, in coordination with CONNA, the Salvadoran Institute for the Integral Development of Children and Adolescents (ISNA), the Ministries of Justice and Public Security, Health and Education, the Vice-Ministry of Salvadorans Abroad and CSOs.

29. Violence and fear are a daily reality for most Salvadoran children, limiting the exercise of their rights and the development of their full potential. This component envisages interventions associated with behavioural change and social mobilization, by focusing on providing children, adolescents, their families and community leaders with mechanisms to actively participate in the creation of safe environments through a nationally replicable gender-sensitive model. It will also support the expansion of the *¿No te Indigna?* (Doesn't it outrage you?) campaign, based on the global #END Violence against Children campaign, to highlight, with a gender focus, violence against children in the family, school and community.

Inclusive education

30. This component will improve access to quality education mainly at the early childhood and secondary school levels for improved completion rates, ensuring a gender perspective and involvement of male caregivers and fathers in proper parenting. The objective is to contribute to the decrease of overage students and the increase of early education (aged 0-6) and lower and upper secondary net enrolment. Particular target groups of this outcome are out of school children under age 6 and adolescents living in poverty and in violent communities.

31. The situation analysis of children confirms the limited availability of quality programmes for early childhood education at the subnational level. UNICEF will support Government institutions and CSOs to develop and implement inter-institutional protocols and coordination mechanisms to expand gender-

sensitive models of early childhood education, involving family and community structures (children aged 0-3) and the institutional track (children aged 4-6) to support better preparedness and transition into primary school. The main partners are national Government institutions in early childhood education, municipal governments and CSOs that provide services at the local level, and families and community organizations.

32. Current education policies and the normative framework have limited operational instruments for the effective inclusion of out-of-school children and adolescents into the system, especially in contexts of violence. This component will support the Ministry of Education in the development and implementation of inclusive and gender-focused guidelines and models to improve the retention of students at risk of dropping out, and to incorporate children and adolescents who are out of school because of pregnancy, disability, poverty and violence, including gender-based. UNICEF will support the implementation of local demonstrative models aimed at keeping adolescents in secondary school, with a strategy to document results, lessons learned and opportunities for scaling up.

33. Monitoring the application of quality education standards in schools, and the effectiveness and relevance of education policies, remains a challenge. UNICEF will support the Ministry of Education in the refinement and implementation of the public school monitoring system supported by a gender-sensitive evaluation mechanism of education policies and programmes to support the quality of education and school support strategies. The active participation of school administrators, teachers, students and parents is critical to facilitate continuous and interactive feedback between the national and subnational levels, including local communities and School Management Committees.

34. Another barrier to guaranteeing the right of education for all children is the low value assigned by society to early childhood and secondary education, and the insufficient awareness of education rights, reflected both in the levels of enrolment and in public investment. UNICEF will continue promoting education as a right through behaviour-change strategies and sensitization campaigns, but also as a means for improved individual, family and community life, and stronger social cohesion. This objective entails partnerships to analyse public investment with academia, research centres, education networks, the private sector and the media.

Healthy start in life

35. This component contributes to scaling up Committing to Child Survival: A Promised Renewed (APR) and other regional and global commitments to halt child and maternal mortality, reduce chronic malnutrition, and involve families and caretakers in healthy, nurturing, non-violent and gender-sensitive child-rearing practices that enable young children to develop and thrive to their fullest capacity. Due consideration is given to the elimination of vertical transmission of HIV. The component prioritizes children living in impoverished female-headed rural households, which account for the highest child mortality and teen pregnancy rates.

36. Despite recent progress in the health sector, the normative and policy framework encounters challenges in ensuring greater impact on child health and nutrition. UNICEF will support the Ministry of Health in the development and implementation of a strategy to improve and scale up cost-efficient models of quality prenatal, delivery and perinatal care, expanding quality health services for

children aged 0-5. UNICEF will play a convening role, in close coordination and alignment with the Pan American Health Organization, the United Nations Population Fund and selected national and local civil society partners. Barriers identified in the Millennium Development Goals 4 and 5 Acceleration Framework have been taken into account.

37. Challenges remain in the supply of health services in remote rural zones. UNICEF will support subnational authorities in the development and implementation of systems to facilitate coordinated responses to guarantee the access of children, women and families to quality and integral health and nutrition services. The municipalities prioritized will be selected among those with the highest rates of neonatal mortality, chronic malnutrition and teen pregnancy.

38. The component will create the opportunities to enhance the use and effectiveness of mechanisms for increased accountability and demand from rights holders about health services, and will include the development of tools that allow authorities and society to monitor and mobilize around the supply, affordability and appropriateness of child health and nutrition services. Behaviour-change strategies will be built into this process to stimulate healthy practices of parents and active demand for services. Key partners are the Ministries of Health and Education, the National Neonatal Alliance and the subscribers to APR. UNICEF also participates in the Scaling Up Nutrition movement and Mesoamerica without Hunger initiative.

Social inclusion and monitoring of children's rights

39. This component enables children and adolescents, particularly the most excluded and disadvantaged, to benefit from integrated social protection systems that ensure their inclusion and improved equity. The component will ensure that institutional responses for the protection, development and care of children and adolescents are effective, integrated, properly funded, and focused on relevant transformations for the full enjoyment of children's rights.

40. The universal social protection system of El Salvador has several programmes for children that could achieve more effective and efficient results if delivered in a more integral and coordinated manner. UNICEF will support the Government to strengthen intersectoral management, such as the registration of children and follow-up mechanisms, for enhanced effectiveness of social policy and incorporation of children into inclusive systems that protect them from poverty. Activities will complement the other three components to ensure convergence and documentation of results at the sectoral level.

41. In a context of limited resources and great demands for the realization of the rights of children and adolescents, public policies and interventions need to be pertinent, efficient, and evidence-based. This component strengthens national capacities for monitoring and analysing the situation of children, by making available comparable and disaggregated statistics on children, and evaluating national policies and programmes that focus on their well-being with initiatives at the national and subnational levels targeting the most vulnerable. Partnerships and alliances will be developed with academia, research centres and civil society. National authorities and civil society will be supported to monitor recommendations of the Committee on the Rights of the Child, the Committee on the Elimination of Discrimination against Women, and the Committee on the Rights of Persons with Disabilities.

42. Resource allocations for the social protection system, sectoral policies and child-centred interventions have increased recently, but the coverage is insufficient to effect a substantive change in the lives of the most disadvantaged children, and could also be more efficient. UNICEF will support the Government and civil society in the development and use of mechanisms to monitor and analyse public investment in children at the national and subnational levels, leading to institutionalized child-sensitive public budgeting and improved participation, demand and accountability for children and other stakeholders.

Cross-sectoral

43. This component supports programme management, including technical assistance and activities in the four components related to communication for development, programme performance monitoring and evaluation, and disaster risk reduction.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Children protected from violence	900	2 500	3 400
Inclusive education	900	2 500	3 400
Healthy start in life	900	1 000	1 900
Social inclusion and monitoring of children's rights	1 000	1 000	2 000
Cross-sectoral	1 095	1 000	2 095
Total	**4 795**	**8 000**	**12 795**

Programme and risk management

44. UNICEF will ensure programme quality, efficiency and effectiveness through the regular updating of its risk profile, with special focus on: partner relations; change management; funding predictability; natural disasters; processes, procedures and controls; knowledge management; and talent management.

45. The UNICEF resource mobilization and leveraging strategy responds to the evolving donor trends in the country and region. Regular resources will secure technical expertise to assist partners develop innovative models and initiatives, undertake evaluation and document best practices, while other resources will focus on taking models to scale.

46. UNICEF regularly updates its Early Warning/Early Action system, and financial resources will help to improve stockpiling and readiness. Emergency preparedness and resilience will be prioritized, and capacity-building undertaken for programme partners and UNICEF staff. UNICEF will lead the education and nutrition clusters and co-lead the protection, water, sanitation and hygiene, and shelter clusters.

47. UNICEF contributes to the achievement of four of the five outcomes of the UNDAF, and will chair relevant thematic working groups based on expertise. DaO

Standard Operating Procedures will be managed by the United Nations Country Team. UNICEF will ensure full compliance with the Harmonized Approach to Cash Transfers. Annual reviews, coordinated by the Vice-Ministry for Development Cooperation and the Presidential Technical and Planning Secretariat, will assist partners to identify corrective actions to ensure transparent use of resources and achievement of expected results.

48. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

49. UNICEF will strengthen monitoring and evaluation capacities of national and subnational government and civil society partners to monitor the situation of children, the impact of national policies and programmes on their well-being, and the compliance of the Government with the recommendations related to the principal child rights conventions and treaties. Focused capacity-building of selected partners, and the annual updating and publication of a data-set on child indicators developed by the National Institute of Statistics, will be undertaken with UNICEF support.

50. The UNICEF-supported MICS, other survey, and administrative data will be used to establish baselines to monitor the key programme outcome results. In the context of DaO, a coordinated, multi-agency approach to institutional capacity-strengthening will be pursued. UNICEF and the United Nations Development Programme will support the development of a national multidimensional poverty and social protection monitoring system.

51. The United Nations Monitoring and Evaluation Working Group, which includes UNICEF, will regularly monitor the evolution of indicators associated with the UNDAF outcomes. UNICEF will undertake two upstream evaluations of the national policy on early childhood development and violence prevention, and of the strategy for out-of-school children.

Annex

Results and resources framework

El Salvador-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 1-7,9, 10-19, 22-32, 34, 36-40
National priorities:
1. Five Year Development Plan Objectives 2014-2019: 2. Human development potential; 3. Citizen's security; 4. Access to universal quality health services; 5: Transition to a fair and equitable society.

UNDAF outcomes involving UNICEF: 1. Access to quality basic goods and services; 3. Consensus building; 4. Resilience to disasters; and 5. Citizen security and justice.
Outcome indicators measuring change that include UNICEF contribution
Multidimensional poverty index
Decent work index
Aggregated indicator of government effectiveness
World risk index
Violence against children index

Related UNICEF Strategic Plan outcomes: Health; Nutrition; Education; Child Protection; Social Inclusion

UNICEF outcomes	**Key progress indicators, baselines and targets** (To be disaggregated by gender, area and well-being)	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome, by regular resources (RR) and other resources (OR)** (in thousands of United States dollars)		
					RR	***OR***	***Total***
Children protected from violence By 2020, children and adolescents in the most violent municipalities have increased access to	Indicator 1: Proportion of cases resolved by the Protection Boards Baseline: 20% Target: 40% Indicator 2: Proportion of children and adolescents whose cases have been resolved who are in	School census National Council for Children and Adolescents (CONNA) statistics	**Output 1.** CONNA and related institutions are equipped to implement effective instruments and mechanisms for the coordination, articulation and evaluation of the National Integral Protection System	CONNA Ministry of Education (MOE) Vice-Ministry of Salvadorans Abroad	900	2 500	3 400

protection systems allowing them to live free from violence, abuse, exploitation, and neglect, with a particular focus on gender-based violence.	specialized restitution and reintegration programmes Baseline: TBD by end-2015 Target: TBD by end-2015 Indicator 3: Proportion of children and adolescents of selected schools and municipalities who participate in local violence- prevention programmes Baseline: TBD by end-2015 Target: TBD by end-2015 Indicator 4: Number of reported incidents of sexual aggression against children (aged 10-19) Baseline: 2,050 Target: 1,800 Indicator 5: Percentage of children under 14 years who are victims of domestic, psychological or physical punishment Baseline: 52% Target: 40%	Multiple Indicator Cluster Survey (MICS)	**Output 2.** Selected municipalities have capacity to implement a validated strategy for the prevention of and protection from violence against children and adolescents, including gender-based violence, as part of the framework established by the National Integral Protection System **Output 3.** National authorities have capacity to implement strengthened and specialized programmes for attention to and restitution of rights of child victims of violence, and unaccompanied child migrants **Output 4.** Children and adolescents from selected schools and municipalities have increased knowledge on the prevention of gender-based violence and generate greater peer awareness around the issue, focusing on sexual violence and the prevention of adolescent pregnancy	Public Ministry Judicial system Selected municipalities CSO			

Inclusive education By 2020, children and adolescents, particularly the most disadvantaged, have increased access to, and complete full cycles of, quality early childhood and secondary education in an inclusive education system.	Indicator 1: Net attendance rate in early education and preschool among children in the two poorest quintiles Baseline: Early childhood (0-3 years) T: 2.0% M: 2.0% F: 2.0% Preschool (0-4 years) T: 59.9% M: 60.2% F: 59.6% Target: 5 additional percentage points Indicator 2: Net attendance rate in lower- and upper-secondary education among the two poorest quintiles Baseline: Lower secondary: T: 62.4 % M: 61.4% F: 63.4% Upper secondary: T: 39.0% M: 37.2% F: 40.9% Target: 5 additional percentage points Indicator 3: Transition rate to upper-secondary education Baseline: T: 79.7% M: 79.0% F: 80.5% Target: 3 additional percentage points Indicator 4: Out-of-school children at the lower-secondary level Baseline: 57,091 Target: 50,000	Multi-Purpose Household Survey School census	**Output 1.** Government institutions and civil society organizations (CSOs) that provide early childhood education implement intersectoral protocols for coordinated scaling up of successful models of early education **Output 2.** The Ministry of Education implements validated mechanisms, teaching practices, management tools and operational procedures to facilitate retention of students and inclusion of out-of-school adolescents. **Output 3.** Subnational authorities and communities/School Management Committees have access to information at school-level that feeds findings back to the educational community in order to improve education services provision **Output 4.** The Ministry of Education, the Salvadoran Network for the Right to Education and civil society have increased capacity and evidence for advocating for increased investment in public education	Ministries of Education and Health CONNA Salvadoran Institute for the Integral Development of Children Planning and Technical Secretariat of the Presidency (STPP) National Registry of Natural Persons CSOs	900	2 500	3 400

Healthy start in life By 2020, children, particularly those aged 0-5, and pregnant women have increased access to quality health and nutrition services, healthy lifestyles and rearing practices that allow children to fully develop.	Indicator 1: Percentage of teenage (aged 15-19) pregnant women attended to at least four times during pregnancy Baseline: 90% Target: 95% Indicator 2: Chronic malnutrition rate (under 5 years) Baseline: 13.6% Target: 10% Indicator 3: Percentage of children (0-5 months) being exclusively breastfed Baseline: 47% Target: 52 %	Ministry of Health (MOH) statistics MICS MOH reports	**Output 1.** The Ministry of Health implements a validated strategy for the enhancement and scaling up of cost-efficient Maternal and Child Health (MCH) models. **Output 2.** Authorities in selected subnational areas with high levels of neonatal mortality and chronic malnutrition utilize validated coordinating tools to guarantee access of children to integral and quality health and nutrition services. **Output 3.** The Government, CSOs, and the private sector have access to an information mechanism to monitor bottlenecks on MCH and mobilize demand for quality public health and nutrition services.	MOH/MOE Selected municipalities CSO	900	1 000	1 900
Social inclusion and monitoring of children's rights By 2020, children and adolescents who face multiple deprivations have increased access to pertinent, effective	Indicator 1: Percentage of children living in monetary poverty covered by social protection schemes Baseline: 31% Target: 40% Indicator 2: Incidence of multidimensional poverty in children	Multi-Purpose Household Survey Social Protection Universal System statistics	**Output 1.** Government institutions related to children's social protection systems use management tools for appropriate intersectoral coordination to improve the efficiency and effectiveness of the public policy	STPP MOE Academia/ research centers CSO	1 000	1 000	2 000

and integrated social protection systems that are properly funded, monitored and evaluated.	Baseline: 60% Target: 55% Indicator 3: Percentage of GDP in public spending invested in children Baseline: 6% Target: 10% Indicator 4: Percentage of GDP in public spending invested in social protection for children Baseline: 0.9% Target: 1.5%	Updated studies on financing in children and multi-dimensional child poverty	**Output 2.** Government institutions implement comprehensive and specialized mechanisms to monitor the situation of children and adolescents, and evaluate impact of public policy. **Output 3.** Government institutions have mechanisms to monitor and analyse the level and quality of public investment in children. **Output 4.** CSOs have tools and mechanisms to access data and information about programmes and investments in children.				
Cross-sectoral (description on page 9)					1 095	1 000	2 095
Total resources					**4 795**	**8 000**	**12 795**

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United Nations Children's Fund
Executive Board
Second regular session 2015
8-10 September 2015
Item 4 (a) of the provisional agenda*

Country programme document

Panama

Summary

The country programme document (CPD) for Panama is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. The 3.4 million inhabitants of the Republic of Panama are characterized by their ethnic and cultural diversity. According to the 2010 census, 12.3 per cent of the population (417,559) are indigenous (belonging to seven indigenous peoples) and 9.2 per cent (313,289) are of African descent. There are 1.2 million children and, of these, 18.4 per cent (216,090) are indigenous and 7.0 per cent (81,871) are of African descent. Children account for 51 per cent of indigenous peoples and 26.1 per cent of those of African descent.

2. Panama has enjoyed sustained economic growth, resulting in one of the most dynamic and stable economies in the region and, indeed, the whole world. Over the period 2004 to 2013, gross domestic product (GDP) grew an average 8 per cent per year. The country's geostrategic position, the stability of its financial centre, the activity and expansion of the Canal and public investment in infrastructure, among other things, are all factors explaining its good economic performance. Despite this progress, its growth model is poorly diversified and is concentrated in a small area of the country (7 per cent). This has resulted in marked inequalities in the distribution of wealth and access to basic services.

3. The 2013 Human Development Index (HDI) ranked the Republic of Panama 65th ("high") out of 187 countries. When the HDI is adjusted for inequality, the Republic of Panama falls to 83rd place and, in the Gender Inequality Index, it ranks 107th. Disparity of incomes, social and geographical divides and poverty affect the indigenous population and people of African descent, rural populations, people with disabilities, elderly and, particularly, children, adolescents and women disproportionately.

4. According to the Ministry of Economy and Finance (MEF), 25.8 per cent of the country's population were living in poverty in 2013 (7.6 per cent less than in 2009), and the proportion living in extreme poverty fell from 15.5 per cent (2009) to 10.6 per cent (2013). Poverty and extreme poverty are most prevalent in the provinces of Bocas del Toro (51.1 per cent and 24.1 per cent respectively), Darién (50.9 per cent and 21.7 per cent) and Colón (34.3 per cent and 12.8 per cent). Poverty and exclusion continue to be suffered disproportionately by indigenous peoples; with 80 per cent living in poverty and 58.2 per cent in extreme poverty. According to the 2010 census, 4 in every 10 children aged 0 to 14 live in families with an income below the minimum wage, while this figure rises to 6 in every 10 for indigenous children.

5. The Government of Panama channelled some 49 per cent of the national budget into social services in 2014. Although the Ministry of Education (MEDUCA) receives one of the highest budgets, public investment in education represented just 3.5 per cent of GDP in 2011, below the regional average of 5 per cent. The efficient and effective use of public funds to reduce social disparities has not moved onto a results-based management system, nor has a budget been produced that would enable investment in children to be monitored. In 2014, the country made progress in this direction for the first time, with the production of a budget that highlighted early childhood.

6. The Republic of Panama ratified the Convention on the Rights of the Child and its optional protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. Although it is clear

that progress has been made in the 25 years since its ratification, the country has neither a comprehensive legislation for the protection of children nor an integral policy, as recommended by the Committee on the Rights of the Child in its Concluding Observations to the Government of Panama in 2011. The lack of a comprehensive protection framework creates structural difficulties in terms of preventing violence against children on the basis of a clear institutional logic, and limits the State's capacity to act as guarantor of children's rights. A consultation and evidence-generating process was commenced in 2013 with regard to existing child protection policies and programmes, and the current state of protection institutions, their powers and legal frameworks. One of the findings suggests that a limited coordination, duplication and the dispersion of institutional interventions hinder the effectiveness of the State's response.

7. Although the Republic of Panama has made progress in increasing the coverage of primary health care and education, significant gaps remain in terms of accessing high-quality, culturally-relevant basic services in the indigenous *comarcas*, rural and disadvantaged urban areas. For example, 2013 data from the Ministry of Health (MINSA) shows a decline in chronic undernutrition: 6.2 per cent in urban areas and 12.4 per cent in rural areas; however, the figure is eight times higher for indigenous children, standing at 50.6 per cent. At the same time, the country is experiencing an epidemiological transition towards non-communicable diseases. Data from the 2008 Living Standards Survey [*Encuesta de Niveles de Vida*] indicate that 25 per cent of the 10-17 age group are overweight or obese.

8. Data from MINSA (2013) shows that, of the 33,566 pregnancies registered for antenatal care, 30.7 per cent (10,309) of the women were between 10 and 19 years of age. According to the 2013 Multiple Indicator Cluster Survey (MICS), 37.1 per cent of women aged 15 to 24 correctly identified two ways of preventing HIV transmission but only 25.8 per cent of those who had had sexual relations over the 12 months prior to the survey stated that they had taken an HIV test and knew the results. Data from MINSA confirms the vulnerability that a lack of information among the adolescent and youth population creates: 68.8 per cent of all new cases of HIV were among adolescents in 2013.

9. The Republic of Panama has made progress in the State's response to comprehensive care for children aged 0 to 5 years. Despite this, disparities persist and these are most noticeable among children whose families live in poverty. According to the administrative records of MEDUCA (2013, 19.8 per cent of children aged 5 years were unable to start preschool at the correct time, thus hindering the fulfilment of their right to education. The enrolment rate of indigenous girls suggests that they have the least opportunity of exercising their right to education.

10. Despite the existence of the National Council for Early Childhood [*Consejo Nacional de la Primera Infancia* — CONAPI], there are barriers to achieving universal comprehensive care: (i) the lack of a comprehensive policy that would facilitate coordination between staff and establish quality standards for effective and efficient care; (ii) the lack of human resources with the necessary skills to widen the coverage of care, particularly in indigenous areas; (iii) the social norms that mean health, development and education services are only used when it is critical and not as part of a process of control, growth and skills development from an early age.

11. According to the 2013 MICS, 96 per cent of children under the age of 5 have had their births registered, although this falls to 85 per cent among the indigenous population and 90 per cent among those in the poorest quintile. The country has made progress in providing universal access to birth registration, with specific actions to reduce underrecording in indigenous regions. This progress means that the Republic of Panama has a good chance of achieving the regional goal of universal birth registration in the near future.

12. In primary education, the State has made progress in gross coverage, with an average rate of more than 90 per cent. However, according to MEDUCA, progress has been slower within lower secondary and higher secondary education, with recorded rates of 69.2 per cent and 62.3 per cent respectively in 2012, both below the regional averages for secondary school coverage for boys (73) and girls (78). Another manifestation of educational exclusion is the number of pupils dropping out of school midway through the year. In 2013, this was the case for 5 per cent of those registered in lower secondary education, and 4.6 per cent of those registered in higher secondary education; adolescent boys in urban areas being the most affected.

13. Given the country's demographic characteristics, the coming years will be crucial in reversing the adolescent drop-out rate. A study conducted by MEDUCA, the Latin American Social Sciences Faculty (FLACSO) and UNICEF notes a fragile family economy, a weak protective school and community environment, child labour, early marriage and teenage pregnancies as some of the factors affecting school drop-out rates. The State therefore needs to address the following challenges: (i) the lack of systemic and systematic policies to prevent pupils from dropping out of lower and higher secondary education, and programmes to encourage pupils to remain in school; (ii) the design and application of innovative, flexible and inclusive education models; (iii) the use of budgetary efficiency and effectiveness criteria to meet the demand for enrolment in indigenous and rural areas among dispersed populations; (iv) the design of quality standards for pedagogical processes; (v) the need to reduce late enrolment in school as this results in overage grade enrolment, lagging behind, failure and grade repetition; and (vi) the lack of policies and programmes for preventing school violence.

14. The legal framework of Panama recognizes the right of indigenous children to an intercultural bilingual education (IBE) by means of Law 88, which guarantees its development and application at all levels of the system. However, in practice coverage is limited to up to third grade of primary, which does not help retain pupils within the school system. In addition to its limited educational supply, its quality has not been evaluated to assess how well it guarantees the right to learn in one's mother tongue and to have one's cosmovision respected.

15. Data from the 2014 Child Labour Survey indicates that 26,710 children between the ages of 5 and 17 are involved in child labour (67.8 per cent boys and 32.2 per cent girls). In all, 75.0 per cent of the country's child labourers live in rural and/or indigenous areas, with only 25 per cent in urban areas. According to this survey, of the total population involved in child labour, 30.8 per cent have had their right to education hindered, even when the country has a road map for eradicating child labour by 2020.

16. According to the National Disabilities Survey (2006), around 1.9 per cent (22,033) of under 18s in the Republic of Panama have some kind of physical or mental disability. This was highest in urban areas, with 59.8 per cent, followed by

rural areas, with 40.2 per cent. However, information on children with disabilities needs to be improved in the administrative records so that service delivery policies and models can be established to ensure their right to survival and development, and to protection from all forms of abuse, maltreatment, exploitation and violence.

17. Despite the country's efforts to follow up the recommendations of the Secretary General's study on violence against children by establishing a national coordination mechanism (CONIPREVINA), Panamanian children continue to suffer in this regard. The lack of a comprehensive public policy on children that would allocate direct responsibility for violence prevention and care weakens its interventions. The 2013 MICS indicates that 44.9 per cent of children aged 1 to 14 had suffered some form of psychological aggression or physical punishment during the previous month. 2013 data from the Ministry of Public Security shows a record number of nearly 3,000 complaints of domestic abuse. That same year, the Institute for Legal Medicine [*Instituto de Medicina Legal*] noted that 77 per cent of maltreatment cases were of children between the ages of 0 and 14, while 68 per cent of clinical assessments for sex crimes involved victims aged between 10 and 17. According to the Citizen's Security Observatory of the Chamber of Commerce, Industry and Agriculture [*Observatorio de Seguridad Ciudadana de la Cámara de Comercio, Industrias y Agricultura*] (2012), the murder rate among under 17s is 5.5 per 100,000 inhabitants. In 2013, 88 children between the ages of 0 and 17 (9 girls and 75 boys) were deprived of their right to life.

18. There is a perceived increase in crime by both the security forces and the general public in Panama. Data from the Ministry of Public Security (2010) shows that, of the total number of incidents in which the police were required to intervene, only 1.8 per cent involved minors. Despite this, the actions taken fall short of guaranteeing rights, as Law 40 of 1999 on Juvenile Criminal Justice has been amended to reduce the age of criminal responsibility and to increase the power to hold children on remand. In its Final Observations to Panama that same year, the Committee on the Rights of the Child recommended that the State bring its juvenile criminal justice system fully into line with the provisions of the Convention on the Rights of the Child.

19. Central America as a whole is vulnerable to the occurrence and impact of natural disasters and Panama is no exception. Global climate change models indicate that the country is going to suffer severe environmental changes. These will have a significant impact on indigenous peoples, particularly in the Ngäbe-Buglé, Emberá-Wounaan and Guna Yala *comarcas*. UNICEF has worked with the Civil Protection System, through partners such as RET, to build the capacity to provide for children affected by emergencies.

20. The midterm review process facilitated a joint reflection among the government partners, civil society organizations and academia on the value added of UNICEF in terms of generating evidence for public policy decision-making. UNICEF and UNFPA's joint planning and interventions for strengthening the capacity of government officials responsible for the national information system to generate and analyse sociodemographic information were evaluated positively, as was the development of tools for costing social services for adolescents. A request was also made for increased South-South/horizontal cooperation for capacity-building on child protection.

21. During the current country programme cycle, UNICEF expanded and consolidated its partner base to include academic institutions and knowledge centres, private sector, media, civil society organizations, the Child Rights Observatory [*Observatorio de los Derechos de la Niñez*], and the Partners for Childhood and Adolescence [*Aliados por la Niñez y la Adolescencia*]. This strategy placed children's rights on the agenda. Partnerships were also created with United Nations agencies and programmes in the context of UNDAF priorities.

22. Considering the priorities of the Government's 2015-2019 Strategic Plan, the strategic priorities of UNICEF for 2014 to 2017 (including implementation of the Gender Equality Action Plan), the commitments made in the Children's Pact [*Pacto por la Niñez*] and the determinant analysis, the recommendation was to focus actions on early education and lower secondary education with an intercultural, gender and inclusive approach; as well as child protection with a life cycle approach.

Programme priorities and partnerships

23. The country programme aims to contribute to guaranteeing the rights of Panamanian children, primarily indigenous children and those living in rural and disadvantaged urban areas. The programme is aimed to contribute to gradually eliminate barriers to comprehensive protection of children and their recognition as rights-holders in public policies, and their access to protection and violence prevention programmes and services. The country programme will encourage an intersectoral and systemic vision with an equity and gender-based approach to programmes and services aimed at the most excluded populations. The programme recognizes that Panama is at a defining moment to complete the process of adapting its legal framework and updating its child centred programmes to bring them in line with the recommendations of the Committee on the Rights of the Child.

24. The programme is aligned with the country vision, which is premised on social equality and sustainable economic growth. In addition, it responds to the 2016-2020 UNDAF outcomes related to implementing and strengthening comprehensive public policy management and the provision of equity and gender-based social services; the application of institutional reforms that reinforce a democratic, participatory and inclusive governance system; a more effective system for preventing all kinds of violence, including gender based violence; and the administration of justice and the application of citizen security strategies. The programme's components are in line with the recommendations of the Committee on the Rights of the Child and regional and international commitments Panama has adopted: (a) the 2021 Educational Goals of the Organization of Ibero American States; (b) the Prosperity with Equity declaration of the 7th Summit of the Americas; and (c) the goals of the Central American Integration System (SICA).

Education, equity and quality

25. This component will contribute to improving access to quality early childhood education and preventing adolescent from dropping out of school. Focus will be placed on ensuring that children aged 0-5 who are not attending early or preschool education; adolescents at risk of dropping out, and those who have already done so,

have access to quality, inclusive and flexible gender-based and intercultural education. The priority groups for this component are children and adolescents from indigenous and Afro-descendant peoples and those living in disadvantaged urban areas who have dropped out of school or are at risk of doing so. With this component, UNICEF will be contributing to UNDAF Outcome 1.1, and addressing the recommendations of the Committee on the Rights of the Child with regard to education. Priority on education is one of the ten commitments of the Agenda for Children and Adolescence, promoted by civil society and adopted by the Government in 2014 with the signing of the Children's Pact.

26. The situation and determinants analyses established that the key barriers to providing universal early childhood (0-3) and preschool (4-5) education are: (a) a lack of governance mechanisms for the institution responsible for early childhood education regarding its role as guarantor of the quality of all service provision; (b) the lack of protocols and mechanisms for inter-institutional coordination that would enable the involvement of other agents in service provision and increase the coverage; and (c) the limited provision of ongoing training for service providers with an intercultural approach. To overcome these barriers, UNICEF will support MEDUCA in defining its pedagogical proposal for early childhood education by strengthening its governance role as well as its coordination role with other key actors through the design and application of regulations, protocols, models and standards that will enable the quality of services and their cultural relevance to be monitored. In order to increase the provision and quality of early childhood education services in indigenous *comarcas*, the programme will contribute to piloting context-relevant and innovative early education experiences. To scale up this initiative, a strategy will be rolled-out that includes the training and allocation of mother-tongue teachers and the strengthening of the educational leadership of preschool principals and supervisors.

27. UNICEF will continue to support the strengthening of CONAPI to coordinate actions between its constituent ministries and civil society organizations. In addition, it will continue working strategically with the private sector to ensure that disparities in access to quality early childhood education are reduced, particularly for young girls.

28. An analysis of the barriers facing adolescents who are not in school reveals: (a) a lack of systemic policies to encourage them to remain in school; (b) a lack of flexible education models and the presence of ineffective teaching practices; (c) insufficient provision of educational services, which increases the mechanisms for expulsion, particularly in indigenous and rural areas; and (d) the presence of negative attitudes and practices towards adolescents, which limit their school enrolment. To overcome these obstacles, UNICEF will help MEDUCA to develop a strategy aimed at reducing the number of out-of-school children due to factors such as teenage pregnancy, disability, poverty or their geographic location, among other things. This strategy will include revising teaching methodologies to develop the skills of teachers and the development of innovative and context-relevant educational methods.

29. The programme will provide technical assistance aimed at updating the regulations establishing the academic arrangements for lower secondary school in order to strengthen a collaborative institutional environment that is conducive to learning. A wide range of partnerships will be mobilized with the private, academic

and non-governmental sectors to ensure that new educational approaches to be scaled up are known, along with the standards and mechanisms for intersectoral and inter-institutional coordination to prevent dropouts, and the return to school of those that have already left.

30. Although IBE will be a crosscutting priority of the other two outputs of this component, it is considered appropriate to maintain a specific output aimed at helping MEDUCA implement the National Plan for Intercultural Bilingual Education in the Ngäbe-Buglé *comarca*. UNICEF will contribute to updating the plan for the Ngäbe-Buglé *comarca*. Drawing from the lessons learned from the study of IBE implementation conducted in 2014: (a) the existing strategy of training mother-tongue teachers will be reinforced; (b) mechanisms for monitoring and evaluating IBE will be improved; (c) support will be continued to produce a context-based curriculum for the Ngäbe-Buglé people, in partnership with other sector stakeholders; and (d) support will be provided for defining standards, norms and regulations with which to apply IBE in school processes. Through these IBE interventions, UNICEF will be contributing to the National Development Plan for Indigenous *Comarcas* that is being implemented by the Government in cooperation with UNDP and other bodies.

31. UNICEF will contribute innovative real-time monitoring methods in order to improve administrative data and ensure that evidence can be used for decision-making on education policy. Government institutions and civil society will be supported to do evidence-based advocacy supported by studies and evaluations produced in association with universities and research centres. The importance of preschool and lower secondary education will be promoted through communication strategies that encourage healthy, protective environments and stimulate respect for diversity, non-violence and community and family involvement.

Comprehensive protection

32. The protection component will contribute to developing a regulatory environment for policies and services with a systemic and equity-based approach. For this, capacity will be enhanced to prevent and respond to violations of rights, discrimination, exclusion and violence against children; and child and adolescent participation will contribute to social policies that will form a basis for intervention models. This component is in line with the recommendations of the Committee on the Rights of the Child, and directly contributes to two UNDAF outcomes.

33. An assessment of the needs and determinants identified the following key barriers to the comprehensive protection of children and adolescents: (a) the atomization of prevention and protection efforts given the lack of a framework law and comprehensive policies that harmonize the institutional logic and structure the State's response; (b) the lack of operational mechanisms for coordinated implementation of comprehensive policies among the social sector institutions, municipalities and civil society; and (c) the lack of competencies for a specialized response and the lack of local mechanisms for a response to cases that require special protection from violence.

34. The programme will support the design of local systemic responses to enable access to protection measures. To ensure an institutional logic and harmonized approach between local mechanisms and national-level comprehensive policies,

governance, coordination and operational tools will be developed for their consistent implementation. These will be piloted in two urban districts and one district of the Ngäbe-Buglé *comarca*, in cooperation with the indigenous authorities, NGOs and public private partnerships. These experiences will be systematized and disseminated in order to scale them up and thus contribute to eliminating discriminatory measures for adolescents suffering from social exclusion.

35. With regard to juvenile justice, the barriers identified are: (a) the limited implementation of socioeducational programmes at community level; (b) the need for technical guidelines to ensure quality care in Custody and Compliance Centres; and (c) the multiple amendments that have weakened the standards to the international juvenile legal system. To overcome these barriers, UNICEF will support the Ministry of Government (MINGOB) to improve its administrative data and generate socioeducational programmes and alternative measures to the deprivation of liberty. UNICEF will seek to add value to the actions of the European Union, the United Nations Office on Drugs and Crime (UNODC), the Inter-American Development Bank (IDB) and UNDP, who are all involved in juvenile justice.

36. UNICEF will support the National Standing Committee to Monitor Panama's National and International Human Rights Commitments [*Comisión Nacional Permanente para Velar por los Compromisos Adquiridos por Panamá en el Ámbito Nacional e Internacional en Materia de Derechos Humanos*]; the National Council for Early Childhood [*Consejo Nacional para la Primera Infancia* — CONAPI]; the Committee for the Eradication of Child Labour [*Comité para la Erradicación del Trabajo Infantil* — CETIPPAT]; the National Committee for the Prevention of Violence against Children and Adolescents [*Comité Nacional para la Prevención de la Violencia contra niños, niñas y adolescentes*]; and the National Commission for the Prevention and Control of HIV [*Comisión Nacional para la Prevención y Control del VIH*] by generating and disseminating information, analysis and studies that will facilitate the formulation and monitoring of children's policies. In addition, it will provide technical assistance for the submission of the fifth report to the Committee on the Rights of the Child in 2016, and to the Child and Adolescent Rights Observatory [*Observatorio de Derechos de la Niñez y Adolescencia*].

37. UNICEF will support the capacity-building of the State so that public investment can become an appropriate tool with which to overcome the geographic and demographic disparities that can be seen in the multidimensional needs affecting the country's children.

Evidence-based advocacy, communication, and partnerships for social inclusion

38. By generating evidence, this crosscutting component will support capacity development to strengthen the country's capacity to develop policies with a gender and socially inclusive approach. To this end, UNICEF will strengthen monitoring mechanisms for the planning and implementation of service provision for children.

39. Public awareness of the importance of a culture of children's rights will be fostered on the basis of evidence. State actions that must be taken in order to apply the principles of the Convention on the Rights of the Child will be promoted. Through communication and awareness-raising campaigns, the social norms that

have an impact on children's development and survival will be addressed. UNICEF will also strengthen strategic partnerships with different civil society agents, religious groups, the media and the private sector, in the context of corporate social responsibility.

40. These partnerships will enable the mobilization and leverage of resources with which to produce the programme's outcomes.

Summary budget table

	(in thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Education	1 420	1 500	2 920
Comprehensive protection	1 900	1 500	3 400
Intersectoral: generation of evidence, communication, promotion and partnerships for social inclusion	950	1 000	1 950
Total	**4 270**	**4 000**	**8 270**

Programme and risk management

41. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

42. For programme implementation, UNICEF will work in coordination with the United Nations agencies in implementing the 2016-2020 UNDAF, through the mechanism of the Steering Committee composed of the Government of Panama, members of civil society and the country team. To guarantee UNDAF's contribution, UNICEF specialists will participate in annual monitoring and reporting mechanisms.

43. The programme's efficiency and effectiveness lie in its programmatic approach, which focuses on two areas of the Strategic Plan and includes as cross-cutting factors elements of social inclusion that are relevant to the issues of protection and education. Although many planned interventions are of a regulatory nature and, thus, of national application, the design of interventions will focus on the Ngäbe-Buglé *comarca* and at least two urban districts. Given its demonstrative nature, the country programme will validate, systematize and finance these experiences so that they can be replicated nationally or adapted to the country's various realities.

44. The lack of a regulatory framework that is in line with international standards; the public sector's difficulties in coordinating intersectoral and inter-institutional policies; and the gap in financing needed to achieve the programme's outcomes are the main risks facing the Panama-UNICEF cooperation. These risks will be mitigated by: (a) advocacy based on the recommendations of the Committee on the

Rights of the Child and on evidence in order to foster the political will to adopt the implementation measures; (b) a strategy to develop governance, coordination and operational tools for consistent implementation; and (c) a fundraising strategy. This strategy will be based on the public's recognition of UNICEF as a body that specializes in children's issues and on the positioning and coverage of UNICEF in the media.

45. In addition, to mitigate the lack of a regulatory framework in line with international standards and the limited capacity to coordinate public policies on children, UNICEF will include specialized technical assistance in both components, along with an exchange of experiences through South-South and triangular cooperation on the application of a rights-based approach. Work will be conducted with academic institutions to monitor the impact of the policies and investment on children, particularly in the indigenous *comarcas*.

46. The geographic location of Panama makes it vulnerable to different natural disasters, and so its early warning system will be updated annually using evidence of the intensity and occurrence of events. Although the Panama has the national capacity and resources to deal with humanitarian situations, UNICEF will continue to support disaster risk reduction and humanitarian response as part of its focus on children.

Monitoring and evaluation

47. The State will be encouraged to improve its monitoring and reporting capacity in the context of the concluding observations of Convention on the Rights of the Child and the Convention on the Elimination of All Form of Discrimination against Women. In line with results-based management and the principle of State ownership of the actions that is promoted by UNDAF, UNICEF will contribute to strengthening institutional capacity for the generation of statistical data and analysis, and will promote the use of specialized information systems. The Ministry of Economics and Finance and the Ministry of Foreign Affairs will be responsible for coordinating and managing the programme on behalf of the Government of Panama. The capacity of the National Statistics and Census Institute [*Instituto Nacional de Estadistica y Censo* — INEC] to produce data that is broken down by age, geographic location, ethnicity and gender will be strengthened. MEDUCA's administrative data will be improved for the entire school cycle.

48. Technical assistance will be provided so that the country can incorporate indicators on inclusion in sociodemographic surveys and censuses and make use of rights-based analytical tools, such as measuring multidimensional poverty. As part of the United Nations country team, UNICEF will support the process of prioritizing, implementing, monitoring and submitting reports on progress in the Sustainable Development Goals as part of the new global agenda of United Nations Member States, expected to be approved by the General Assembly this year.

49. The programme will continue to promote the use of technology in data collection, following the successful experience of using tablets in the 2013 MICS. The use of technology will also be promoted as part of local monitoring. For this, a combination of strategies will be implemented that include involving civil society, public-private partnerships and the adolescents themselves.

50. As part of the evaluation component, national capacities will be reviewed and a strategy designed, in coordination with the universities. The programme envisages two evaluations, in line with national priorities: the implementation of policies to prevent violence against children and adolescents and the implementation of a strategy for children and adolescents that are not in school.

Annex

Results and resources framework

Panama-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: articles 2 to 9, 15, 20, 19, 28, 29, 30, 37, 40
National priorities: 5.4 Social development: coverage of basic services (Objective 5.4.2); 5.6 Human Capacity Development (Objective 5.6.2); 5.8 Governance and Development: towards a modern management of the Republic of Panama's public sector; 5.8.3 Public Investment and the effectiveness of development; 5.8.7 Decentralization; 5.8.8 Imparting Justice and Security

UNDAF outcomes: Outcome 1: Comprehensive policies for equity and inclusion: Outcome 2: Governance, dialogue and social participation

Outcome indicators measuring change, including UNICEF contribution: 1.1.12: Number of children aged 5 to 12 from indigenous *comarcas* who have access to IBE; 1.1.13: Percentage of children aged 4 and 5 without access to preschool education; 1.1.14: Gross rate of coverage of secondary education; 1.1.15: Number of international human rights treaties and protocols ratified and implemented by the Republic of Panama; 1.1.16: Percentage of public satisfaction with the quality of services, disaggregated by sex and urban/rural/indigenous area; 1.2.1: Number of effective intersectoral coordination initiatives; 1.2.2: The country has prioritized the SDGs and defined its goals; 2.1.6: Number of districts applying the Comprehensive Child Protection System; 2.2.4; Number of violence prevention actions implemented; 2.2.8: Number of persons deprived of liberty (PDL) by age/sex.

Related UNICEF Strategic Plan 2014-2016 outcomes: Education, protection and social inclusion

UNICEF outcomes	**Key progress indicators, baselines (B) and objectives (O)**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** *(in thousands of United States dollars)*		
					RR	**OR**	**TOTAL**
Outcome 1: Education By 2020, children and adolescents, particularly in rural, indigenous and disadvantaged urban areas, will have appropriate access to quality early education and will complete their lower secondary school education	Percentage of children between 36-59 months who attend any kind of preschool service: B: 36.8% (2013) Boys: 38.3 Girls: 35 O: 65% or more (2020) Boys: 70 Girls: 70	MICS module or MEDUCA's administrative records MICS	Output 1.1: By 2020, the Ministry of Education will have mechanisms and instruments with which to implement an early education policy, with a regulatory and management framework, quality standards and a monitoring system and resources for its implementation	MEDUCA MIDES SENACYT IDB Universities NGOs	**1 420**	**1 500**	**2 920**
	*Gross rate of coverage of secondary education: B: 64.1% (2013)		Output 1.2: By 2020, MEDUCA will have a strategy, mechanisms and model for implementing				

	O: 80% or more (2020)		policies and plans to prevent school drop-outs in rural and disadvantaged urban areas and facilitate the reintegration of those that have already done so.				
	*Percentage of chi' 'ren aged 5 to 12 in indigenous *comarc s* who have access to IBE. B: No data (2015) O: 80% or more (2020).		Output 1.3: By 2020, MEDUCA will have the capacity and tools to implement a IBE policy and national plan that will guarantee the quality of services and their cultural relevance for all indigenous peoples				
Outcome 2: Comprehensive protection By 2020, children and adolescents will have a comprehensive system for protecting their rights plus comprehensive protection and violence reduction policies	Existence of a comprehensive protection law and a strategy for its application, including in humanitarian situations [SP6.10] B: 0 (2015). O: 1 (2020). % of children subjected to violent discipline [SP6.5] B: 45% (2013) Boys: 46.8 Girls: 42.8 O: 20% less (2020). Boys: 37.4 Girls: 34 Number of adolescents deprived of their liberty B: 2014 No data	State party report to the Committee on the Rights of the Child (the "Committee") MICS or module in continuous country survey IEI-MINGOB's administrative records	Output 2.1: By 2020, the social sector institutions will have effective tools and mechanisms with which to coordinate and evaluate the comprehensive protection system, including violence prevention and reduction, the prevention of institutionalization, and the protection of children in humanitarian situations. Output 2.2: By 2020, the social sector institutions and local authorities will have operational models with which to apply comprehensive protection; specialist intervention models against all forms of violence; risk and humanitarian response	MIDES SENNIAF NGOs Universities Local authorities MINGOB SENACYT Private sector	**1 900**	**1 500**	**3 400**

	O: 20% reduction from 2014 to 2020 State's progress report on implementation to the Committee B: 2011 Report (2015) O: 2016 Report (2016) Social expenditure aimed at guaranteeing early childhood and adolescent rights (% of national social expenditure) B: Per capita social expenditure on early childhood 2014 (to be calculated) Per capita social expenditure on childhood and adolescence 2014 (to be calculated) O: 10% increase in per capita social expenditure on early childhood by 2020 10% increase in per capita social expenditure on childhood and adolescence	5th State party Report to the Committee Reports from the Ministry of the Economy and Finances	management; and local comprehensive protection monitoring systems. Output 2.3: By 2020, MINGOB will have socioeducational programmes and alternative measures to the deprivation of liberty, in line with international standards, and a corresponding system for their registration Output 2.4: By 2020, government and civil society capacity to plan, budget and monitor inclusive social policies for children and comprehensive protection measures, including risk management, will have increased				
Evidence-based advocacy, communication, and partnerships for social inclusion	*Description on pages 8 and 9*				**950**	**1 000**	**1 950**
Total resources					**4 270**	**4 000**	**8 270**

* *Note*: Although these indicators are not currently available, they will be disaggregated in the Country Programme Action Plan.